DOCUMENT RESUME

ED 165 367 EC 112 900

AUTHOR	Moore, Caroline, Ed.; Piercy, David R., Ed.
TITLE	The Third Annual Learning Resources Conference Proceedings.
INSTITUTION	Oregon Univ., Eugene. Northwest Learning Resources System.; Oregon Univ., Eugene. Northwest Regional Resource Center.
SPONS AGENCY	Office of Education (DHEW), Washington, D.C.
PUB DATE	76
CONTRACT	300-75-0043; OEC-0-74-7891
NOTE	222p.; Learning Resources Conference Proceedings (3rd, Seattle, Washington, December 8-10, 1976)
EDRS PRICE	MF-$0.83 HC-$11.37 Plus Postage.
DESCRIPTORS	Ancillary Services; Architectural Barriers; *Child Advocacy; Class Management; Conference Reports; *Delivery Systems; Individualized Programs; *Instructional Materials; Intervention; *Legal Problems; Medical Treatment; Parent Participation; *Program Evaluation; Resource Guides; Resource Materials; *Severely Handicapped; *Special Services; *Teacher Education; Teacher Workshops; *Technical Assistance

ABSTRACT

Presented are the proceedings of the Third Annual Learning Resources Conference which deal with current directions in educational services for the severely handicapped. The papers are divided into three topical areas, the authors' names and addresses are supplied, and support material relating to some of the papers and a resource guide are provided. The first section contains two addresses ("Legal Considerations in the Delivery of Services to the Severely Handicapped" by W. Dussault, and "LRCs as Advocates for Programs and Services for the Severely Handicapped" by J. Crosson) and documents concurrent sessions dealing with least restrictive educational alternatives for the severely/profoundly handicapped, architectural barriers, community models, family direction services, and parental involvement. Section 2 contains the address "The Programming of Materials for the Severely Handicapped" (by A. Hofmeister) and documents concurrent sessions on individualized educational programs, assessment, medical conditions, classroom management, adaptive equipment, ancillary services, and early intervention. The third section deals with "Training and Technical Assistance as Functions of Learning Resource Systems Serving the Severely Handicapped" (by W. Lance) and documents concurrent sessions on personnel preparation, workshops, models for technical assistance, evaluation of the training and technical assistance, role of training institutes, training packets, and integration of severely multiply handicapped students. (BD)

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The Third Annual Learning Resources Conference Proceedings

Sponsored by

The Northwest
Learning Resources System,
University of Oregon

The Northwest
Regional Resource Center

The Northwest
Area Learning Resource Center

Seattle, Washington
December 8, 9, 10, 1976

Caroline Moore, Editor
David R. Piercy, Conference Coordinator and Co-Editor

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"This year is the anniversary of 200 years of failure in protecting the rights of handicapped children to an education."

—Dussault

Introduction

Each year the Northwest Learning Resources System (The Northwest Regional Resource Center and the Northwest Area Learning Resource Center) hosts a topical conference for Directors of Learning Resource Centers and the State Directors of Special Education within its ten-state/territory region.

Because of recent legislative trends and an increased interest by Learning Resource Center staffs in providing assistance to programs for the severely handicapped, *The Third Annual Northwest Learning Resources System Conference* was designed to overview current directions in educational services for the severely handicapped and had the following goals:

1) To build awareness about the severely handicapped.
2) To address the LRC role as related to the severely handicapped.
3) To increase the skills of LRC personnel in working directly with the severely handicapped and/or with programs for the severely handicapped.

The papers within this document are summaries of presentations given at the conference and provide a good overview of current practice. They are divided into the following topical areas:

Legal Considerations and Advocacy
Appraisal/Programming/Instructional Materials for the Severely Handicapped
Training and Technical Assistance as Functions of Learning Resource Systems serving the Severely Handicapped

Authors' names and addresses are supplied so that readers may contact them directly if more specific information is desired. In addition, the user will find support material relating to some of the papers and a comprehensive *Resource Guide* indicating resources which can be used to acquire more information about the topical areas.

The keynote address and major addresses were interpreted for the deaf by Sharon Neuman Solow.

Foreword

The Definition of Severely Handicapped: A Part of the Solution or a Part of the Problem?

Richard W. Zeller

During recent years a variety of attempts have been made to develop an acceptable definition of "severely handicapped." This might seem a prerequisite to holding a conference (or producing this conference summary) on the "education of severely handicapped children." But, although professionals seem to agree that there is a population described by the term "severely handicapped," each definition offered to date has come under some attack.

Part of the difficulty with these definitions (and perhaps the reason for the failure to achieve consensus) seems to be that the purposes of the definitions differ. The purposes may range from designating that population eligible for a particular type of funding assistance, to describing something which is characteristic of a subpopulation of people who have handicaps.

The types of definitions offered can be grouped into several classes: those which define the severely handicapped by excluding other conditions (they are not the mildly or moderately handicapped); those which attempt to define the severely handicapped in positive, operational terms (levels of functional behavior, for example); and those which attempt to describe what services or changes in the environment are needed in order to manage and educate severely handicapped children.

Examples of each definition type and a brief description of the limitations of each:

Type 1 (exclusion):

> BEH definition: "Severely Handicapped Children" are those who, because of the intensity of their physical, mental or emotional problems or a combination of such problems, need educational, social, psychological, and medical services beyond those which are traditionally offered by regular and special education programs, in order to maximize their full potential for useful and meaningful participation in society and for self-fulfillment. (Section 121.2)[1]

Although this definition does seem to define the severely handicapped as more impaired than other handicapped children, it may raise more questions than it answers. What services are "traditionally offered by regular and special education programs?" What does "maximize their full potential" mean? If special services needed to insure "self-fulfillment" is part of what describes severely handicapped, is anyone not "self-fulfilled" also severely handicapped? This definition probably best describes a broad program intent, rather than actually limiting services to a specific population or describing characteristics of the severely handicapped.

Type 2 (positive operational):

> "Severely" handicapped children and youth were functionally defined as those persons age 21 and under who are either mentally retarded, emotionally disturbed, deaf-blind, or multiply handicapped and who exhibit *two or more* of the following behaviors with a degree of regularity:
>
> Self-mutilation behaviors such as head banging, body scratching, hair pulling, etc., which may result in danger to oneself;
>
> Ritualistic behaviors such as rocking, pacing, autistic-like behavior, etc., which do not involve danger to oneself;

Self-stimulation behaviors such as masturbation, stroking, patting, etc., for a total of more than one hour of a waking day;
Failure to attend to even the most pronounced social stimuli, including failure to respond to invitations from peers or adults, or loss of contact with reality;
Lack of self-care skills such as toilet training, self-feeding, self-dressing, and grooming, etc.;
Lack of verbal communication skills;
Lack of physical mobility including confinement to bed, inability to find one's way around the institution or facility, etc. (p. v.).[2]

Justen (1976) has detailed the difficulties with this definition: the definition may include as eligible for special education services to the severely handicapped a quadraplegic who lacks self-care and physical mobility skills, but who is achieving academically above grade level. It would seem that the effort by Abt Associates to combine purposes in this definition created problems: trying to define a population in terms of the parameters of a range of handicapping conditions may be incompatible with the desire to describe eligibility for educational assistance. Justen (1976) offers this alternative:

Educationally speaking, the term "severely handicapped" refers to those individuals age 21 or younger who are functioning at a general developmental level of half or less than the level which would be expected on the basis of chronological age and who manifest learning and/or behavior problems of such a magnitude and significance that they require extensive structure in learning situations if their education needs are to be well served.[3]

As long as one's interest is only in defining those children eligible for educational services to the severely handicapped, this definition may be somewhat better. It may still, however, exclude some children in need of "extensive structure in learning situations" (a high school student who suffers severe physical, sensory and emotional impairments as a result of traumatic injury and who requires extensive counseling, self-help and mobility training in order to achieve any degree of semi-independent community living). Justen's functional level limitation and apparently narrow view of the role of "education" may result, if used to determine eligibility, in denial of needed services for some individuals.

Type 3 (service needs):

Almost 15 years ago Maynard Reynolds emphasized in a set of recommendations to special educators that work be done in this area:

It is suggested that more attention needs to be given to classification of programs rather than so exclusively to classification of children. The essential problem in educational placement is to allocate children to programs likely to be most valuable for them. Methods of classifying children now used in special education seem to have developed with all too little attention to subtle differentiations necessary to make the most effective placements.[4]

Though not directly labeling their effort a definition, Haring, Hayden and Beck (1976) addressed severly handicapped from this perspective (no other "definition" was offered in the article):

"Programming" as a process requires, first, the application of principles which may be as old as time but which were first formally articulated earlier in this century and, interestingly, which were applied as long as two decades ago to the instruction of *institutionalized* severely handicapped persons. As educators have become more experienced in teaching severely handicapped children, they have become aware that the increased precision made possible by systematic arrangement of instructional cues, following the principles of programmed instruction, has powerfully increased the effectiveness of the instruction of these children and young adults.

Second, in applying these principles to educational programming in classrooms rather than in institutions, it is necessary to expand traditional practices extensively. For instance, in our curricula, we now need to include behaviors which have rarely before been included in "school" curricula, behaviors which may occur in infancy, including respondents. Moreover, there is now an additional person with a significant role in the classroom—the parent.

Third, since the severely handicapped child now entering public school programs may have many bizarre behaviors and medical problems, the educator is challenged by the need to apply the very latest tactics—or to devise new tactics—for modify-

ing these behaviors and for managing medical problems *in the classroom.*
Finally, because severely handicapped pupils are more likely than others to have lifelong multiple problems, any programs developed or classroom application must be seen as part of a more global strategy that includes access to resources involved in the *comprehensive* management of these children.[5]
One could certainly argue that the above was not intended as a definition of severely handicapped, but it does begin to address "that population" (as yet ill-defined) in service need and environmental terms *rather than in terms of characteristics of "severely handicapped children"* for whom we presume common or differential service needs.

To Proceed:

It seems evident that the purpose of each of the above definitions has done much to shape the form of those definitions. The purpose of this document is to report the proceedings of a conference which focused on services which have not usually been provided in public schools for more seriously handicapped children who have not usually been educated in public schools.

The 1976 NWLRS Annual Conference did not achieve consensus (nor did it even attempt consensus) on a definition of severely handicapped. To proceed, it required only a consensus on conference purpose—that purpose was to focus on services, what's needed, how to develop them.

If it's necessary to define severely handicapped children, one might offer that they are the tough ones, those with unusually complex sets of problems which push to the limits the capability of the service system to respond.

Other definitions which appear throughout the transcripts of major addresses and presentation summaries may be useful from time to time as reference points. What defines the severely handicapped more than anything else, however, is a deficit they hold in common—a deficit within service agencies heretofore unable to consistently and capably address their needs. What constitutes the measure of this document's worth, then, is the degree to which by example it gives impetus to educational and other institutions to concentrate their efforts on developing programs based on the service needs of each individual student.

Richard W. Zeller
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1. From Section 121.2, copies from Justen (see footnote 3).
2. Abt Associates. *Assessment of Selected Resources for Severely Handicapped Children and Youth*, Vol. 1, Cambridge, Mass.: Abt Associates, 1974.
3. Justen, J. E. "Who Are the Severely Handicapped? A Problem in Definition," *AAESPH Review*, Vol. 1, No. 5, 1976.
4. Reynolds, M. C. "A Framework for Considering Some Issues in Special Education," *Exceptional Children*, March, 1962.
5. Haring, N. G., Hayden, A. H. and Beck, G. R. "General Principles and Guidelines in 'Programming' for Severely Handicapped Children and Young Adults," *Focus on Exceptional Children*, Vol. 8, No. 2, April, 1976.

Keynote Address:

Severely Handicapped

H. D. Bud Fredericks

Definition of severely handicapped Teachers of the severely handicapped need to use special techniques . . .

The purpose of the keynote address is to do essentially two things: First, to synthesize the major issues about which local education agencies and state education agencies must be concerned to adequately educate the severely handicapped. Second, because the task is so difficult and complex, to offer you encouragement and indicate to you that results highly beneficial to the children you serve can come from good programs.

The definition of severely handicapped that I have chosen is as follows:

> Educationally speaking, the term severely handicapped refers to those individuals age 21 and younger who are functioning at a general development level of half or less than the level which would be expected on the basis of chronological age and who manifest learning and/or behavior problems of such a magnitude and significance that they require extensive structure in learning situations if their education needs are to be well served (Justen, 1976).

There are two qualifications to this definition: First is that the children who are severely handicapped are noncategorical, and that includes even the most severe multiply handicapped children, the deaf-blind. Second, we need to realize that the child who is described presently as severely handicapped may not continue to be severely handicapped. If good programming is provided for a severely handicapped client, the client after a period of time may not be severely handicapped, but may in fact fall into the moderate or mild range of handicapped conditions.

I should like to share with you today the results of some research which indicates what the qualities of a successful teacher of the severely handicapped must be. Success is demonstrated by a teacher whose students make maximum gains under his/her tutelage. This research ties in very closely with the requirements of Public Law 94-142, the most important of which is that each child will have an individualized education program. It was discovered in the results of the research conducted under the title of Teaching Competency Study that there were three indicators of competency that were absolutely essential for a successful teacher of the severely handicapped. One of these was a task analyzed curriculum (which is also necessary if one is to have an individualized educational program for the severely handicapped). A second indictator of competency focused on the quality of the consequences being delivered within the classroom by all adults in that environment. The third was the ability of the teacher to maximize the instructional time of the children each day.

1. A task analyzed curriculum

The first of these three indicators, a task analyzed curriculum, is exemplified by Figure 1. Figure 1 shows one area of motor development, breaking it down into sub-skills and then hallmark behaviors. Figure 2 shows a further breakdown of one of those hallmark behaviors into detailed phases and steps. It is this type of detail which is necessary in

2. Delivery of consequences
3. Maximizing instructional time

a curriculum for the severely handicapped. This does not mean to say that every severely handicapped child must progress through each step of the curriculum. On the contrary, what needs to accompany this task analyzed curriculum in order to make it manageable is a data system that allows each teacher to track each program and the progress of each child through that program. Such a data methodology is necessary for a successful classroom management system.

The second indicator of competency which has proven to make a difference between teachers who are successful and those who are not is the appropriate delivery of consequences. Certainly behaviorist methodology is sufficiently well accepted now to indicate the importance of these techniques. We shall not attempt to review them here.

The third and by far the most important indicator that was revealed in the Teaching Competency Study was the maximizing of instructional time for the students. This had implications for the way in which the classroom was organized. It was found that teachers who were extending the instructional time with children by the utilization of volunteers were more successful with children. It was found that teachers who had children in individualized instruction as opposed to group instruction were more successful with children. Certainly the extension of instructional time might also be achieved through parents.

When you put these three indicators together, the implications for classroom management are significant. There is the necessity for a detailed task analyzed curriculum that has many minute steps. That curriculum will be utilized in a classroom where there are probably ten severely handicapped children with a wide range of abilities; if each child were to have six to eight programs, there is then the necessity for tracking 60-80 individualized programs. If the teacher is gathering continuous data on these programs, which certainly allows the most efficient and timely educational programming, he must respond to the data that he has gathered. A system for successfully updating these programs therefore has to be developed. If volunteers are utilized to extend the instructional time in the classroom, a system of training, selecting and maintaining the skills of these volunteers must be implemented.

Include parents in all aspects of the child's development

Finally, in dealing with the severely handicapped, one must incorporate the utilization of parents. Parents are especially necessary from at least a logical point of view in the areas of language and self-help skills. These cannot be taught effectively in isolation in a classroom, but they must be taught to generalize in the home environment. Therefore, the parents must be teaching for this generalization.

Parents are important from another point of view and that is the effect that they can have on children's progress. Figures 3 and 4 show the results that can be achieved with children when parents will conduct a program for five minutes in the home that is also being conducted in the classroom. These types of results have been achieved across all types of handicapping conditions and in a number of educational environments. This system which has been amply described elsewhere is known as the Lunch Box Data System and has been published in two books: *Training Parents to Teach: Four Models* (Grimm, 1974) and *Data Based Classroom for the Severely Handicapped* (Fredericks, et al, 1975).

LEA, SEAs, and training institutions all have important roles to play

The implications for the local education agencies are that they must provide the education with the characteristics that we are describing. The implication for the state education agencies is that they must provide inservice training for teachers already in the field so they can upgrade their skills to be able to perform adequately in these areas with the severely handicapped. In addition, they must coordinate the preservice training with the institutions of higher learning so that teachers who are graduating from those institutions will have the skills described herein. Certainly one major deficit area at this point in time is that most teacher training institutions do not engage in specific techniques for improving classroom management skills. Moreover, they must begin to train teachers to be teachers of non-categorical conditions rather than teachers of the mentally retarded, emotionally disturbed, and so on.

If we are able to train teachers so that they possess these skills and if they are in fact able to orchestrate the curriculum, the volunteers, the parents and the data system, they can achieve excellent results. Results for two children who were taught under such a system are demonstrated in Figure 5.

It is recognized that teaching the severely handicapped is not an easy chore, but if one does it well, results such as have been illustrated here can be achieved. Consequently, it is not an impossible chore but should be looked upon as a challenge that can be overcome by dedicated educators. If that challenge is overcome, it may well change the life of the severely handicapped child.

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Figure 1

Tome Normalization Activities
- A. Head-righting with ball
- B. Trunk-righting reaction
- C. Weight-bearing with ball

Gross Motor Skills—Basic
- A. Independent movement—prone
- B. Rolling—supine to prone
- C. Head-holding—sitting position
- D. Sitting—child's chair
- E. Sitting—adult chair

Gross Motor Skills—Lower Extremity
- A. Weight-bearing—grasping reflex
- B. Weight-bearing—nongrasping reflex
- C. Standing
- D. Walking—independent movement grasping reflex
- E. Walking—independent movement nongrasping reflex
- F. Running

Gross Motor Skills—Upper Extremity
- A. Reaching for object
- B. Grasps objects with hand

Body Orientation
- A. Stepping over obstacle at knee height
- B. Ducking under bar
- C. Stepping sideways
- D. Touching nose
- E. Opening and closing hands
- F. Opening and closing doors
- G. Imitating arm movements

Figure 2

A. Weight-bearing—grasping reflex

Terminal Behavior: Child bears weight without grasping objects.

Phase I — Child must be held and bear little or no weight with his feet on the floor.

The following times apply to phase I.

Steps:

1. Time:	10 seconds	7. Time:	70 seconds
2. Time:	20 seconds	8. Time:	80 seconds
3. Time:	30 seconds	9. Time:	90 seconds
4. Time:	40 seconds	10. Time:	100 seconds
5. Time:	50 seconds	11. Time:	110 seconds
6. Time:	60 seconds	12. Time:	120 seconds

Phase II — Child bears weight and grasps solid object with two hands. He may or may not need mechanical support braces.
The following times apply to phase II.

Steps:

1. Time:	2 seconds	11. Time:	50 seconds
2. Time:	4 seconds	12. Time:	60 seconds
3. Time:	6 seconds	13. Time:	90 seconds
4. Time:	8 seconds	14. Time:	120 seconds
5. Time:	10 seconds	15. Time:	150 seconds
6. Time:	15 seconds	16. Time:	180 seconds
7. Time:	20 seconds	17. Time:	210 seconds
8. Time:	25 seconds	18. Time:	240 seconds
9. Time:	30 seconds	19. Time:	270 seconds
10. Time:	40 seconds	20. Time:	300 seconds

Phase III — Child bears weight and grasps flexible hose with two hands.
The following times apply to phase III.

Steps:

1. Time:	5 seconds	9. Time:	90 seconds
2. Time:	10 seconds	10. Time:	120 seconds
3. Time:	15 seconds	11. Time:	150 seconds
4. Time:	20 seconds	12. Time:	180 seconds
5. Time:	30 seconds	13. Time:	210 seconds
6. Time:	40 seconds	14. Time:	240 seconds
7. Time:	50 seconds	15. Time:	270 seconds
8. Time:	60 seconds	16. Time:	300 seconds

Phase IV — Child bears weight and grasps flexible hose with either (A) right or (B) left hand three inches from therapist's hand.

Phase V — Child bears weight and grasps flexible hose with either (A) right or (B) left hand six inches from therapist's hand.

Phase VI — Child bears weight and grasps flexible hose with either (A) right or (B) left hand nine inches from therapist's hand.

Phase VII — Child bears weight and grasps flexible hose with either (A) right or (B) left hand twelve inches from therapist's hand.

Phase VIII — Child bears weight and grasps flexible hose with either (A) right or (B) left hand sixteen inches from therapist's hand.

Phase IX — Child bears weight and grasps flexible hose with either (A) right or (B) left hand twenty inches from therapist's hand.

Phase X — Child bears weight and grasps flexible hose with either (A) right or (B) left hand twenty-four inches from therapist's hand.

Phase XI — Child bears weight and grasps flexible hose with either (A) right or (B) left hand thirty inches from therapist's hand.

Phase XII — Child bears weight and grasps flexible hose with either (A) right or (B) left hand thirty-six inches from therapist's hand.

The following times apply to phases IV through XII.

Steps:

1. Time:	15 seconds		
2. Time:	20 seconds	8. Time:	120 seconds
3. Time:	30 seconds	9. Time:	150 seconds
4. Time:	40 seconds	10. Time:	180 seconds
5. Time:	50 seconds	11. Time:	210 seconds
6. Time:	60 seconds	12. Time:	270 seconds
7. Time:	90 seconds	13. Time:	300 seconds

Figure 3

Progress of a Child in a Home-School Program

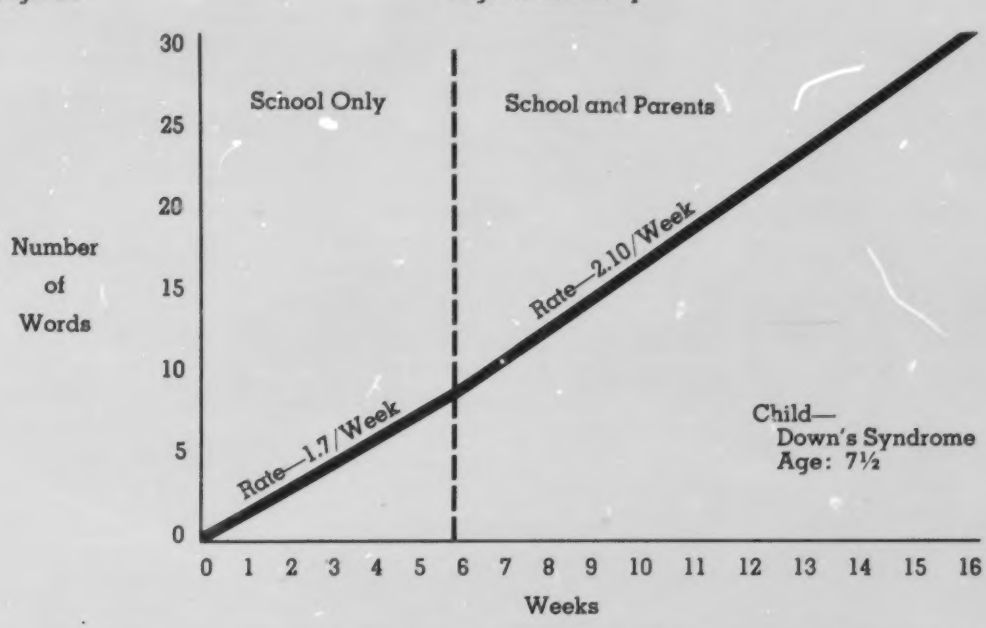

Figure 4

Progress of a Child in a Home-School Program

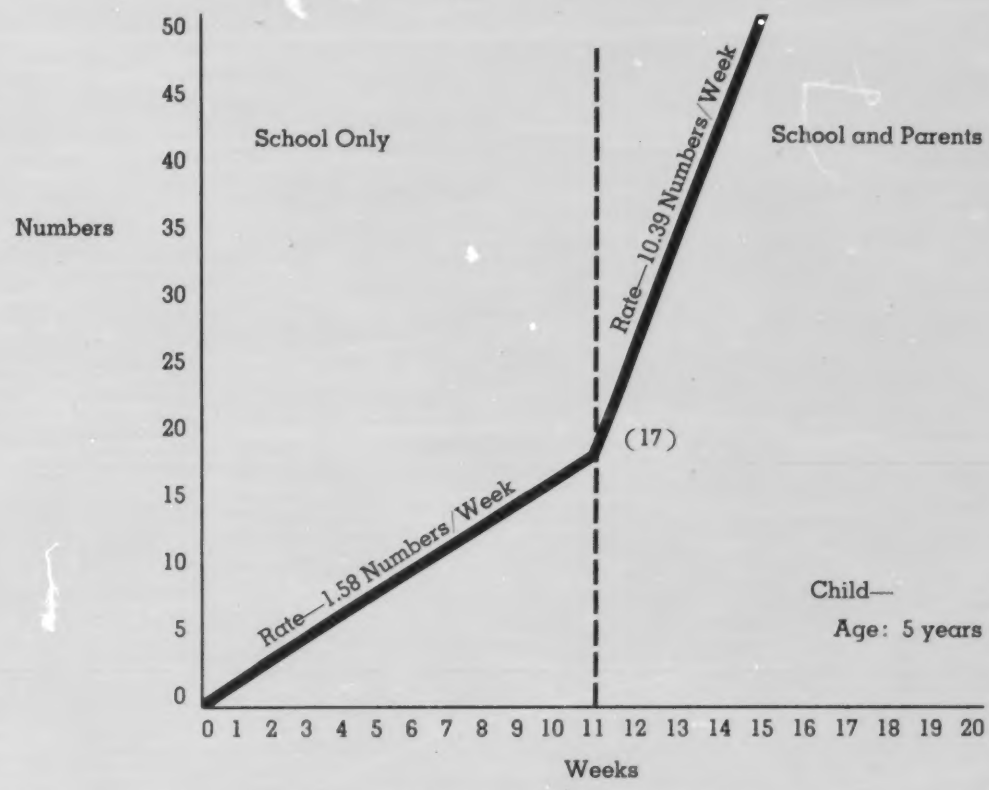

Figure 5

Child #1:

Entering Behaviors:

1. No intelligible expressive language
2. No independent play skills
3. Unable to dress himself
4. Engaged in prolonged temper tantrums (6-14 daily)
5. Command compliance 5-15%

Departing Behaviors: (10 months in program)

1. Vocabulary of 200 words
2. Appropriate play skills
3. Dress self independently
4. Temper tantrums (0-3 daily)
5. Command compliance 80%

Skill Acquisition:

Completed 18 prescriptive programs. Baseline 0% of skill—100%
Included: Motor & vocal imitation 160 Stp.
Identify function of object 56 St.
Prereading & writing skills

Child #2:

Entering Behaviors:

1. Wets bed at night
2. Needs assistance with serving and eating
3. Bizarre language
4. Self-destructive
5. Aggressive behavior toward others
6. Destructive to property
7. Cannot tolerate close proximity to others

Current Behaviors:

1. Seldom wets bed
2. Needs no supervision at mealtimes
3. No longer uses bizarre language
4. Self-destructive behavior eliminated
5. Aggressive behavior significantly reduced
6. Destructive to property behavior eliminated
7. Functions adequately in classroom environment where he interacts with numerous volunteers.

Skill acquisition—2 years
Completed function reading 266 St.
Predistar, counting. Currently working semi-independently in workbooks at his own desk (Fitzhugh). Writing, time telling, common nouns, addition, spacial organization, shape completion.

Legal Considerations in the Delivery of Services to the Severely Handicapped

William Dussault

Rights of the handicapped have been secured through litigation, legislation and administrative action

The efforts to change legal and societal attitudes toward handicapped persons have taken place through the employment of three main methods: litigation, legislation, and administrative action. To be effective, these methods must be used in concert. They must be responsibly utilized to protect individual handicapped citizens while still attempting to move the overall handicapped population forward. For the present time, only, it appears that the most effective use of litigation, legislation and administrative action will be by persons who are non-handicapped. Hopefully, as handicapped persons themselves partake in the right to education, fair employment, and the right to be free from discrimination, they will learn to be their own advocates. The professional and concerned persons who are now assisting handicapped consumers can then take the more appropriate place as advisors only.

This presentation has a slightly different focus than most that might previously have been entitled "legal considerations and the delivery of service to the severely handicapped." This presentation centers upon the rights of the service receiver, rather than the risks to the service provider. Those rights have received recognition through the methods indicated above: legislation, litigation and administrative action. The effort in all three areas has concentrated primarily on specific individual rights through individual enforcement rather than broad declarations in class action suits. Perhaps the most important early victories were made in the area of the right to education for all handicapped persons.

Legislation . . .

In 1971, only 16 states in the United States had mandatory education requirements for handicapped children. In the space of five years, 32 states have adopted mandatory education laws and only one state now remains without full mandatory legislation requiring education in one form or another. The effort in the area of education very amply demonstrates the discrimination and prejudice that handicapped citizens face and have faced. In fact, it would be easy to say that the present status of the legal development in the area of rights of the handicapped parallels the status of the racial minorities' civil rights movement in approximately 1957 to 1959. This is rather a graphic demonstration of how far handicapped citizens have yet to travel in order to enjoy full and appropriate equal protection of the law.

Litigation . . .

Litigation across the country in the Federal courts has demonstrated the individual handicapped child's right to an education. The key suits would have to be the *Pennsylvania Association for Retarded Children* v. *the Commonwealth of Pennsylvania* 334 Fed. Supp. 1257 (Eastern District Pennsylvania 1971) and 343 Fed. Supp. 279 (Eastern District Pennsylvania 1972) and *Mills* v. *Board of Education for the District of Columbia* 348 Fed. Supp. 866 (U.S. Dist. Ct. 4 DC 1972). The Pennsylvania suit established for the first time that mentally retarded children, regardless of the severity of their handicap, had the right to an appropriate educational opportunity at public expense in the common schools. The Pennsylvania suit also established a due process right for handicapped children in the event that the school district placed the child in an inappropriate or

improper educational placement. Since the decisions rendered in the *Pennsylvania* and *Mills* cases were first publicized, there have been between 20 and 30 additional handicapped educational suits. In each case, the court has upheld the right of the handicapped child to appropriate public education. These early victories in the area of education have provided a strong precedent for winning cases in other areas of rights previously routinely denied for the handicapped. The litigation in the area of rights to an education is not the only means by which early progress has been made however. Progressive states have been passing mandatory education laws at the same time as litigation has been ongoing. Even the Federal government has passed a law requiring appropriate education for all children (P.L. 94-142). That law recognizes that as many as four million handicapped children in the United States are not now presently receiving public educational services. Even in light of all the legislation that has passed and the litigation that has been filed and won, we obviously have a long way to go. That distance is going to have to be covered now through use of the third tool mentioned above, effective administrative action.

Administration . . .

We are going to have to work with our school districts and with our states to insure that full funding and appropriate provision of programs takes place. It is only through effective administrative action that gains made through the legislative process will be effectuated. The litigation and legislation can make the broad public policy statements, but it is only through effective administration of the court decree and of the laws passed that true equality and appropriate programs are going to occur.

While there are many other areas of individual freedoms, liberties and civil rights that should be discussed in connection with handicapped citizens, two particular rights or freedoms remain that must be reviewed. Unfortunately, each of the two rights pertain to an individual subgroup of handicapped persons more pertinently than to handicapped persons as a whole.

Mentally handicapped adults should be presumed competent to handle their own affairs

First, with respect to mentally handicapped individuals, a very important and seldom recognized right is the right to be treated as a competent and emancipated adult at age 18 or the respective age of majority in the particular state in which the individual lives. Far too often, legislation passed in a state presumes absolute incompetence on the part of a mentally handicapped citizen without making any attempt to discover the individual ability level of the person who is the focus of the legislation. We must recognize the fact that each handicapped individual is different and has varying degrees of abilities and disabilities. Those varying degrees must be recognized not only by society, but in particular, by the courts, lawyers and judges. The arbitrary presumption of incompetency that follows the labeling of an individual as mentally retarded is one of the most distressing aspects of the provision of services to handicapped persons. Certainly we must have some device or method to assist those mentally handicapped persons who are substantially incapacitated as a result of their mental handicap. But outside of the use of that specific legally approved method, we must continue to presume that all persons, regardless of how they appear and function, are fully legally competent. We must treat them as competent adults.

Architectural barriers deny physically disabled citizens their rights

The second area of great importance is the area of accessibility for the physically disabled. In the preceding pages, I have mentioned numerous rights; freedom from discrimination, credit, insurance, public accommodations, employment and many others. Virtually none of these rights can be enjoyed by citizens who happen to be physically disabled, because they have no practical access to the community so that they may exercise their own rights. It is all very well to say that handicapped citizens have a right to be free from discrimination in public accommodations, but there are no fully accessible public transportation facilities anywhere in the United States. Thus, it becomes pure sophistry to suggest in a law that physically disabled individuals have a full panoply of legal rights when in point of fact, they are unable to exercise those rights.

The most important thing to recognize and remember is the basic presumption that handicapped citizens, no matter how handicapped they may be, have the same legal and civil rights as any other non-handicapped citizen and must be treated in that fashion. To engage in a discussion of "the legal rights of handicapped citizens" one almost has to

make the initial presumption that those legal rights are in some way different than the legal rights of any other citizen. That basic presumption is offensive and improper. The United States Constitution and the constitution of each of the individual states are more than sufficient to protect the rights of handicap ed citizens. What is needed now is aggressive action to assist handicapped persons in their own attempts to enforce those rights. The three methods of litigation, legislation and administrative action can be used to protect the rights, but must be utilized through effective advocacy on behalf of the handicapped citizens. It has only been through the intense and aggressive action of a few advocates that the rights which now exist for handicapped citizens have been recog...zed and enforcement has commenced. As the entry steps are made and some of the early taboos broken, there will soon come a time when disabled citizens themselves will be able to assert their own rights. That day has to come soon. Until handicapped citizens have reached the level of sophistication to enable them to advocate for themselves, we must continue to assist in insuring the protection guaranteed by the constitution.

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LRCs as Advocates for Programs and Services for the Severely Handicapped

James Crosson

Statistics as well as circumstances illustrate the need for advocacy

Advocacy is being seen as a viable and necessary activity to assure the rights of the severely handicapped. The following statements may serve to demonstrate the need for advocacy:

> Of the seven million handicapped children in the U.S., less than 40% are receiving appropriate services. About one million are excluded entirely from the public school system. Most of these children are severely handicapped. (GAO Report, 1974; Rand Report, 1974)
>
> Few locations provide a full range of educational services comprehensive and flexible enough to meet the needs of all handicapped children. The severely handicapped are most often excluded.
>
> In many situations, the delivery system is fractionated and uncoordinated, with the result that severe gaps in services exist.
>
> There are large variations in per capita expenditures and service policies both across agencies and across handicaps.
>
> Management improvements are often hampered by the lack of reliable data that accurately reflects the needs and extent of the population to be served, and the benefits and effectiveness of programs.
>
> Multiple agencies have responsibility for limited aspects of the full range of needed services, and communication and coordination among these agencies is lacking.
>
> Early and accurate identification of children with handicapping conditions is lacking, and such information is rarely communicated effectively to parents and service agencies.
>
> Parents are generally uninformed as to the availability of services, and about what can realistically be expected of services.

The recipients of special services—handicapped children and their parents—have not been effective in advocating for their own needs. Generally, there is a lack of organization among these consumers of services, and where organized groups do exist, they are often fractionated and concerned with specific special interests rather than the broader perspective of service needs and service delivery.

Change is needed but not always accepted

Although the current situation needs to change, past efforts toward change have generally not been successful. Efforts to establish innovations have tended to fail due to lack of effective planning or commitment. Dissemination and training often focus on highly isolated components of the delivery system, are often unrealistic in design and scope, or are inadequately tested prior to application. Policy modification (which is typically in response to some type of advocacy effort) is often unsuccessful because of resistance on the part of those affected, unrealistic assumptions about resources and capability, or unclear communication. Finally, advocacy efforts are frequently unsuccessful in that they may be too limited in scope, lack an effective power base, are attempted without ade-

quate knowledge of the problems or solutions, impact at only one level of a delivery system without generalization to its other levels, or are so adversarial in nature that the solution may be no better than the problem.

Cooperation and coordination of subsystems could lead to a comprehensive system of service delivery

We can probably all agree that what should be advocated is a full range of appropriate, effective, developmental services to meet the needs of every severely handicapped child. Ideally, we might set our sights on a *comprehensive system* for the development of severely handicapped children and youth, in which there are two major components—the service delivery sub-system and the consumer sub-system—and in which synergy is achieved through cooperation and coordination toward the common goal.

Within such a system, advocacy on behalf of the severely handicapped child could occur in four basic ways: the service delivery sub-system acts on the consumer sub-system; the consumer sub-system acts on the service delivery sub-system; the service delivery sub-system acts on itself; and the consumer sub-system acts on itself. Since all of these advocacy efforts are on behalf of the *common goal of development of the child*, none of the actions would be adversarial, and the energy invested would be directed toward solving problems and reducing needs. Lourie (1975) and others have referred to this state of affairs as "operational advocacy."

Federal legislation supports the need for advocacy

Public Law 93-380, as amended by P.L. 94-142, can provide the specific content for, as well as the rallying point around which "operational advocacy" can be developed, since many of the elements of this legislation are relevant for both service providers and consumers. The components of due process, public announcements of plans and services, and the inclusion of the parent in the development of individualized education programs can all be construed as examples of the service delivery sub-system acting on the consumer sub-system. The advisory council, right to appeal, access to records, and participation in the monitoring and review of individualized education programs all constitute vehicles through which the consumer sub-system may act on the service delivery sub-system. Non-discriminatory assessment, least restrictive alternative placement, the personnel development plan, comprehensive evaluation, development and utilization of IEPs, and the accountability features in the new legislation all certainly represent areas in which the service delivery sub-system should act on itself for improvement. The implicit intent that parents become active and effective participants in their children's educational process certainly speaks to the need for the consumer sub-system to act on itself for the development of the requisite skills. The childfind provision can be thought of as an area that could, and should, involve both the consumers and providers of service.

LRCs can be advocates or "change agents"

LRCs, because of their unique position and function as "providers of service to service providers," and because they typically have more flexible resources than their constituent schools and school districts, can potentially function very effectively as change agents—a very important aspect of the operational advocacy concept.

Ronald Havelock in *The Change Agent's Guide to Innovation in Education*, 1973, describes three change agent roles which might be assumed singly or in combination by LRC staff. (A fourth, that of "Catalyst," is usually assumed by someone who is dissatisfied with a situation and makes that dissatisfaction known by upsetting the "status quo." It would not generally be used in planned change or by LRC-type personnel who must protect their positions and their relationships with others in the system to maintain effectiveness.) These three roles are described briefly below:

1. Solution Giver—this is a person who has a definite solution to a specified problem and wants to see that solution adopted. He or she needs to know when and how to offer it, and should be able to help implement it.

2. Process Helper—this is a critical role in which the change agent provides consultation for the client through every stage of the change process—from needs definition to implementation and evaluation of the solution.

3. Resource Linker—a person who matches needs with resources—human, material, financial, etc. This person knows about available resources and how to tap them.

These change agent roles are certainly not mutually exclusive; in fact, they can often be more effective when used in some combination. Change agents can also be effective

coming from different vantage points: inside or outside of the system; in a formal position of authority or in a "staff" position. The most important thing is "understanding the process, the points of leverage, the most efficient channels, the best times, places and circumstances" (Havelock, 1973, p. 10).

Many LRC personnel have already acquired and demonstrated at least some of the skills required of change agents—they would not otherwise have remained in business, much less grown in acceptance and effectiveness as they have. What they haven't learned can be had through a systematic study and practice of the tools and techniques of change agentry as taught by Havelock and others who have been instrumental in the development and application of change process theory.

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Least Restrictive Educational Alternatives for the Severely/Profoundly Handicapped

Eugene Edgar

Least restrictive alternatives is a concept that has been proposed for all handicapped children under P.L. 93-380 and the recently enacted P.L. 94-142. Essentially, this concept mandates that each handicapped child is to be placed in a learning environment that most closely approximates the learning environment of his/her non-handicapped peers *and* provides for the most appropriate educational opportunities for the handicapped child.

> Least restrictive alternative placement certainly represents an area in which the service delivery sub-system should act on itself for improvement.
>
> *Crosson*

Least restrictive alternative depends on several factors

In attempting to determine the most appropriate settings for severely/profoundly handicapped children and alter settings in a positive direction, six considerations are set forth.

Teacher expectations . . .

Without doubt, the most critical component is that of teacher expectation. We have adequate evidence indicating that teacher expectations affect student performance. Teacher expectations also directly affect the quality of educational programming, opportunities to engage in realistic living activities, physical modifications to facilitate freedom of movement and interactional opportunities. Talking about changing teacher expectations, however, is easier than actually changing them. Certainly training, opportunities to visit model programs, demonstrations, and straightforward value confrontations are some methods that might be used to alter teacher expectations.

Educational programming . . .

The first evaluation question of any educational setting for severely/profoundly handicapped students must be: are the students learning skills that will allow them to function in normal situations? If the goals and objectives are appropriate, the next question is: does the setting allow for the use of the most appropriate instructional procedures to insure student acquisition of skills? As instructional technology for the severely/profoundly handicapped becomes more refined the restrictions of the learning environment will be reduced.

> We have pretty well done away with the concept that severely and profoundly handicapped children can't be educated and that we're just running a babysitting service for those children.
>
> *Dussault*

Opportunities for normal living activities . . .

If the severely/profoundly handicapped are to attain the skills necessary for surviving in our society they must be given opportunities to engage in realistic normal living activities—situations that are of "just manageable difficulty." Thus, the students are given opportunities to practice their skills in a naturalistic way and under the same circumstances that we all experience. To teach a child to ride a bus, recognize danger signs,

obey traffic lights or make a purchase *without* giving the child the opportunity to perform these skills in the real world is to unduly restrict his/her learning environment.

Internal freedom . . .

The severely/profoundly handicapped require many modifications of their living environment if they are to be provided with maximum freedom of movement and opportunities to learn and perform. Obvious physical barriers such as the size and shape of toilets, sinks, and chairs need to be considered. Less obvious barriers such as texture of flooring, height of light switches and windows, and actual placement of the students within the classroom all affect the student's chances to experience learning opportunities. A good exercise is to place yourself in the typical position of the students and attempt to manipulate the environment.

Interaction with non-handicapped peers . . .

One very real measure of the amount of restrictiveness of the environment is the amount of interaction with non-handicapped peers. Pure physical proximity is not an appropriate measure. Far too often the handicapped is truly "invisible," placed physically close to the non-handicapped but ignored. The quality of interactions is also important. Non-handicapped doing things *to* the handicapped is less desirable than doing things *with* the handicapped. Or even better: the handicapped doing things *for* the non-handicapped.

"Least restrictive" will be different for each child

The problem with developing a functional definition of least restrictive environment is that some of the components may be in direct conflict with other components. For example, a child might be placed in a regular public school building (high score for proximity to non-handicapped peers) but in a room that does not allow him to leave his wheelchair throughout the day (low score for internal freedom). Therefore, each aspect of the definition must be carefully evaluated, for each child, in order to determine if any given placement is in fact "least restrictive" and to determine what could be done to alter the environment to make it less restrictive.

The ideal situation would be a continuum of services available to the severely/profoundly handicapped. These services include a wide range of settings, from the most restrictive to normal. Individuals would be placed in the settings based on their skill level. Each setting would have minimal entrance skill requirements and specific exit skill levels.

The educational opportunities in each setting would be devised to maximize the students in regard to their skill level. There would be enough settings to insure easy movement through the system by determining individual student skills. The ideal situation, however, is considerably far removed from the realistic situation. Until comprehensive programs are established the best that can be accomplished is to document existing services and attempt to place students in settings that best meet their needs.

> Ideally, we might set our sights on a *comprehensive system* for the development of severely handicapped children and youth, in which there were two major components—the service delivery sub-system and the consumer sub-system—and in which synergy is achieved through cooperation and coordination toward the common goal.
>
> *Crosson*

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Architectural Barriers: Awareness and Planning

Darrel N. Ackerman

Awareness of barrier problems needs to be fostered

Individuals and groups who work with the severely handicapped or who will begin working with this group in the future can become advocates for the elimination of physical and psychological barriers through an increased awareness of barrier problems. Some barriers are obvious and thus are receiving quick attention, for example, stairs, curbs, and parking areas. Others, however, are less obvious and consequently are given less attention, though they can be as devastating to a handicapped person as the more obvious ones. These include:

—large walkway malls—aggregate surfaces or some sort of directors are needed for the blind or visually impaired

—fire alarms—should be equipped with audible, visual, and/or scent warnings

—vending machines—controls are often too high to be reached from a wheelchair

—food pick-up areas (cafeterias)—a *selection* of foods should be placed on lower levels, not just one type

—equipment in classrooms—positions of desks, tables, chairs can affect accessibility; permanent right-handed desks can cause problems; visual aids should be supplemented, when possible, with teaching aids that can be touched

—heavy doors—a problem for many handicapping conditions

—mirrors—often hung too high for a person in a wheelchair to see himself or herself

—attitudes—people are good at avoiding the unpleasant or uncomfortable—fostering better attitudes toward the handicapped will increase activity in the area of eliminating architectural barriers

An in-depth study of existing conditions can provide valuable information to consumers

An example of an activity which addresses many of the barriers just mentioned is a "facilities study" conducted at the University of Oregon. This study took an in-depth look at all state and federal legislation which related to buildings and their usability. All accessible entries on campus were located and information on basic access into and through a building acquired. All buildings and facilities were evaluated for close proximity to accessible entrances. A study such as this one could be conducted in other areas—groups of handicapped individuals often have resource materials available to aid in such a study and may be able to devote time to problem solving as well.

> LRCs, because of their unique positions as "providers of service to service providers," and because they have more flexible resources than their constituent schools and school districts, can potentially function very effectively as change agents—a very important aspect of the operational advocacy concept.
>
> *Crosson*

Freedom from architectural barriers is part of the full services goal

The contribution which should be made in this area toward the goal of full services for all handicapped is the complete removal of physical barriers from our environment. LRC personnel, as well as other interested individuals and agencies, can contribute toward this goal by advocating for the elimination of physical and psychological barriers; by relying on user groups to advise on problem areas and priority ranking; by supplying architects and planners with information on the scope of the problem; and by engaging in public relations activities to make the community aware of the need for change.

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RESOURCES

1. "Public Law 94-142," Federal Documents.
2. "Standards for Enclosed Wheelchair Elevating Devices," Oregon #24-100, State of Oregon Documents.
3. "Barrier-Free Design for the Disabled," Easter Seal Society for Crippled Children and Adults of Washington, 521 2nd Avenue West, Seattle, Washington 98119. First 10 free, then 25¢ each.
4. "The Symbol," Rehabilitation International, 219 E. 44th Street, New York, New York 10017.
5. "Walkways Accessibility, University of Oregon," University of Oregon Planning Office, Eugene, Oregon.
6. "Federal Register," Federal Documents Section.
7. Architectural Checklist. "Making Colleges and Universities Accessible to Handicapped Students," reprinted by President's Committee on Employment of the Handicapped, Washington, D.C. 20210.
8. "The Uniform Building Code," Finance Department, City of Salem, 555 Liberty S.E., Salem, Oregon 97301.
9. Darrel Ackerman, Consultant, 2250 Churchill, Eugene, Oregon 97405.
10. Oregon Architectural Barriers Council, Darrel Ackerman, 2250 Churchill, Eugene, Oregon 97405.

One Regional Community's Model for Integration of Persons with Moderate to Profound Handicaps

Ken Reavis, Ed.D.

It has been less than 10 years since the formal declaration of general and specific rights for persons with mental retardation was published. This declaration specifies that persons with mental retardation problems have the right to participate in all aspects of community life and, if a restricted living situation is necessary, the right to receive assistance in surroundings and circumstances as normal as possible.

> What does your community have to offer in terms of community living alternatives, employment, transportation, equal rights?
>
> *Dussault*

Regional training centers have the goal of deinstitutionalization and normalization

The Commonwealth of Virginia's Department of Mental Health and Mental Retardation has organized a system of regional training centers to form an important part of the resource system for mental retardation services. The Southeastern Virginia Training Center (SEVTC), which serves southeastern Virginia, is one such regional center. SEVTC serves an area of over 100 square miles including both urban and rural populations. The Center's objective is one of deinstitutionalization and normalization for persons presently institutionalized and for individuals living in a community whose programs cannot offer the necessary training. SEVTC also serves as an aid to community agencies within the region in developing new programs for moderately and profoundly handicapped persons.

> Few communities provide a full range of educational services comprehensive and flexible enough to meet the needs of all handicapped children. The severely handicapped are most often excluded.
>
> *Crosson*

Community services for mental retardation are coordinated by Focus Teams

The area has eight Focus Teams coordinated by the State Mental Health and Mental Retardation Community Services Boards. Each Focus Team is made up of representatives from community agencies that provide mental retardation services. The Focus Team process is designed to review requests for mental retardation services in their community and to coordinate the capabilities of their respective agencies and services to achieve the least restrictive service plan for each person. Approximately 70% of those persons reviewed are given a service program plan in the community. Two or three years ago, most of these individuals would have been placed on an institutional waiting list. When the need requires services or training not available in the community, the Focus Team makes a referral to SEVTC and for review by the local district court. At the present time, this is the only method by which an application for admission can be submitted to the Training Center's admissions committee.

Focus Teams make referrals to training center (SEVTC)

Referrals include general information, specific training objectives which would permit return to a community program, and a return plan for discharge. The admissions committee is the first step in the Center's admission and discharge planning process. It is at this point that the person is accepted and a specific contract is designed between the family, the Focus Team, and the Center. The contract delineates the criteria which could not be dealt with in the local community and which the individual must meet in

order to return at the earliest possible time into less restrictive community programs. Once the admission has been effected, continuous information concerning the individual's progress is provided to the Community Services staff to permit updating of the discharge plans to the Focus Team. When the individual is discharged, personnel from the Center's Community Services area provide follow-up support and cooperation with community resources to ensure the maximum opportunity for successful placement.

> What we are really trying to do is change societal attitudes toward citizens who happen to be handicapped. If we do not succeed in changing the overall societal attitudes as they relate to education, architectural barriers, employment, and civil rights in the community, if we don't extend the rights for handicapped citizens past common school age, particularly in the area of severe and profound, we are simply educating for adult institutionalization.
>
> *Dussault*

SEVTC performs other functions

In addition to its primary objective, the Training Center is involved in several related activities:

—the SEVTC Assessment Scales for Moderately to Profoundly Handicapped. Developed by the SEVTC, the scales provide three instruments: (1) a pre-entry instrument, (2) a post-entry instrument, and (3) a community-entry instrument. At each level, reliability, validity, time efficiency, and direct relevance to environmental programming is emphasized.

—the development of three models for early education for handicapped children—an infant education home-based program for children from birth to four years of age, a pre-school classroom model for four- and five-year-old children, and a programmatic Day/Evening Respite Service.

—the Joint Venture Project. The objective for this project is to provide training for sheltered workshop personnel to increase their skills in teaching the severely/profoundly handicapped, while at the same time helping the Training Center to design an occupational behaviors and prevocational training program for residents.

—a non-profit living corporation in cooperation with the community and a model satellite apartment off the SEVTC campus where residents can live independently with back-up support from the Center.

—a liaison with the Eastern Virginia Medical School staff developed to provide specialized health support for residents at the Center and to provide training opportunities for physicians completing residency training in the medical specialities of family practice and psychiatry.

—a 21-hour curriculum in human services for the developmentally disabled developed in conjunction with a local community college.

The interdisciplinary nature of the Center is important

The Southeastern Virginia Training Center is designed to provide maximum support to the geographic area which it serves. To accomplish this requires the flexibility of structure provided by the interdisciplinary organization that is in effect at the Center. Agencies that in the past have performed mainly diagnosis and referral for the moderately to profoundly handicapped population are going to need to develop programs along the guidelines described in this presentation and in conjunction with new legislation. This means new public school programs and improved opportunities for more independent living arrangements. Requirements for the community integration of individuals who have in the past been institutionalized, or in the community but not in programs, include the development of attitudes of acceptance and the creation of *advocate roles* in the community. Hopefully, this will mean that individuals born with moderate to profound handicapping conditions will have maximum chances for integration and a more normalized set of choices and risks for living within their communities.

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Direction Services: Helping Families with Handicapped Children Put the Pieces Together

Richard W. Zeller

Services to handicapped children are fragmented

The last ten years have seen an explosion of interest in special services to handicapped children, and with it a large increase in the availability of services. Where parents were once faced with service agencies which sometimes closed the door on handicapped children, they are now often faced with a myriad of agencies providing fractionated services, each to a limited segment of the handicapped child population. The increase of services has come about, in large measure, because of strong pressure brought by limited interest advocacy groups (Association for Learning Disabled, Association for Retarded Citizens, United Cerebral Palsy, Parents of the Deaf, Society for Autistic Children, and so on). Much legislation has also been focused on improving particular aspects of the service continuum (diagnostic centers, parent training programs, vision and hearing clinics, and so on). The result of this uncoordinated development has been that eligibility requirements for a given service often exclude many children. For example, some diagnostic centers work only with young children who are cerebral palsied or who have been otherwise neurologically impaired from birth—an eight-year-old child who is brain damaged because of other traumatic injuries may not be eligible for that diagnostic service.

Parents and professionals have difficulty coping with the array of services

The RAND Corporation, in exploring the issue of services to the sensory impaired, found that many parents, quite understandably, are not able to cope on their own with services as they are currently arrayed. In the same report (Improving Services to Handicapped Children, R-1420-HEW, May 1974, RAND, Santa Monica, California) the researchers noted that most specialized professionals also are unable to cope with the bureaucratic array of special services, or unable even to see the related problems of clients which require another specialist's attention.

> Multiple agencies have responsibility for limited aspects of the full range of needed services, and communication and coordination among these agencies is lacking.
>
> *Crosson*

A potential solution is Direction Service

The concept of direction service has been offered by RAND as a potential solution to this problem. Direction Service would "put the pieces together" with parents and their handicapped children. *Direction amounts to examining the total array of a child's needs, and matching them to those services (with all their exceptions, special qualities, eligibility requirements, etc.) which best meet those needs.* Because children grow and change, Direction Service also needs to monitor the match of needs and services over time and arrange for changes in services when needs change.

> Recipients of special services—handicapped children and their parents—have not been effective in advocating for their needs.
>
> *Crosson*

Central to the concept of direction is the recognition of the parent as primary responsible guardian for the child. Direction Service is an effort to increase the responsiveness of the system of services to the needs of handicapped children by providing information, advice and assistance to parents in cutting through red tape to insure that each child's needs are appropriately addressed.

Direction Service maintains service information

Functions of Direction Service

Access to accurate service information is critical to the provision of direction. Direction Service must collect, store and continuously update information of service availability, eligibility criteria, fee structure, etc. on every service to handicapped children in the Direction Service target area.

> There are large variations in per capita expenditures and service policies both across agencies and across handicaps.
>
> *Crosson*

Information may vary from one Direction Service site to another, but it must be maintained in enough detail to allow real "red tape cutting" assistance to families of handicapped children. Different NWRRC sites are experimenting with paper files, card index systems and computers to maintain this information.

Direction Service provides direction to client families

Common to the provision of direction are the steps outlined in this diagram:

Parent Involvement at all Steps of Direction Provision

Step	Definition
Intake	Identifies client and compiles "presenting problem data."
▽	
Entry	Collects existing records, diagnostic reports, etc. on client.
▽	
Client Service Planning	Profiles client needs and determines alternative services required to meet those needs.
▽	
Referral to Services	Parent selects most appropriate services and Direction Service facilitates client access to those services.
▽	
Tracking/Monitoring	The match between needs and services is checked regularly and Direction Service/parents replan or select other services as necessary.

Direction Service may also collect and compile data on the unmet needs of families with handicapped children. These data provide agency planners with ideas for developing new services.

The Direction Service Advisory Group assists staff in keeping assistance to client families on the mark and also serves to help maintain effective Direction Service relationships with other agencies, schools and consumer organizations.

Where Direction Service is Being Tried

The NWRRC Regional Direction Service Coordinator is Dick Zeller and can be reached through the NWLRS offices at the University of Oregon. The four NWRRC Direction Servic Demonstration Sites and their directors are listed below:

Marsha Ehle
Direction Service Project
Educational Service District #112
910 N.E. Minnehaha
Vancouver, Washington 98665
Phone: (206) 694-8595

Larry Bender
Boise Direction Service
Child and Adult Service Center
801 Reserve
Boise, Idaho 83702
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Diana Devers
Direction Service Project
Martin Luther King Neighborhood Facility
4815 N.E. 7th Avenue
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Phone (503) 288-5167

[illegible]y Marmont
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1736½ Moss Street
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NWLRS
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Parental Involvement in the Decision-Making Process: How It Leads to Individual Educational Programming for the Child

Kristi Olson

According to P.L. 94-142, each handicapped child should have a written statement describing the educational objectives for and the services to be provided him or her. Elements included in this Individual Educational Program (I.E.P.) are statements of present educational performance, annual goals, short-term instructional objectives and services to be provided to meet these objectives, conditions under which services will be delivered (where, when and by whom) and evaluation criteria. P.L. 94-142 states that whenever appropriate, parents and the child must participate in developing the educational plan.

Parents can supply information about their children that is unavailable from any other source

The Northwest Learning Resources System and the National Association of State Directors of Special Education have outlined and defined a number of functions or areas to consider in the decision-making process that leads toward an I.E.P. They are: Screening, Referral, Comprehensive Assessment, and Placement. Parental involvement and participation is important and even necessary throughout this decision-making process. A quality process will lead to a quality program.

> Early and accurate identification of children with handicapping conditions is lacking, and such information is rarely communicated effectively to parents and service agencies.
>
> *Crosson*

The decision-making process includes:

Screening...

In the first area, that of *screening*, the parent may be interviewed for the purpose of obtaining information on the child that is not known or available to the school. It is important that the parent be given an opportunity at the beginning to share information on his/her child. The purpose of the pre-referral meeting is for school personnel to determine whether referral might be discussed with the parents and what possible referral is appropriate. The parent need not be involved at this point.

Referral...

If it is decided that referral is needed, the school must schedule and conduct a *referral* meeting with the parent(s). If a referral is to be made for comprehensive assessment, parent permission must be obtained. At this time, the parents must be informed of appropriate procedural safeguards (due process). The parents must be told about the purpose of the assessment committee, their rights to be informed of decisions and to review procedures and instruments. Other parental rights that must be defined to them are: right to review all records, right to refuse permission for the evaluation, right to be fully informed of the results of the evaluation, right to get an outside evaluation.

> Parents are generally uninformed as to the availability of services, and about what can realistically be expected of services.
>
> *Crosson*

The purpose of the referral meeting is to inform the parent of the nature of the child's problems as the school personnel see it, to collect relevant information from the parent, discuss possible referrals and obtain the signed parental permission forms. The parent has the right to refuse permission for comprehensive assessment. However, the school may then request a hearing to overrule the parents. This recognizes the possibility of the child's needs being in conflict with the parent's rights.

Comprehensive assessment . . .

In the *comprehensive assessment* area, the school district must determine who is to sit on the assessment committee, but the committee must include the parent(s). The purpose of the assessment committee is to determine the child's individual education program (I.E.P.). The parents must have been informed of their right to see the *written* comprehensive assessment. If the parents disagree with the proposed recommendations of the assessment team, they may obtain an independent evaluation either from another public agency with the fee determined by that agency's policy, or privately at full cost to the parent. The school district should provide sources where independent evaluations may be obtained.

And placement

In the final area of the decision-making process toward the I.E.P., that of *placement*, the outcome should be the placement of the child in a least restrictive environment which will meet the requirements of his/her individual education program. The make-up of the placement committee may or may not be the same as the assessment committee, but it must include the parent(s). Parental involement is extremely important because of the information they may have to increase the committee's understanding of the needs of the child and family. Their involvement will also improve the chance of their being cooperative; their being cooperative is certainly essential to the success of the child's program. The parents' presence means they will better understand the committee functions and their informal consent is essential at several stages. It is also important to note that the child should be a part of the placement decision whenever "appropriate." The child's involvement is conducive to learning skills of self-determination.

The Northwest Learning Resources System has proposed that the child be placed on a 60-day trial placement to develop an individual implementation plan based on long-term goals and short-term objectives. It is important that parents be involved during this period; a planning conference should be held with the receiving teacher to review and confirm the instructional strategies. When final placement is to be confirmed, the parents must be informed. If they disagree with the decision, they have a right to obtain a hearing.

Along with increased parents' rights come increased parents' *responsibilities* to be involved in decision-making

The National Association of State Directors of Special Education suggests that a Parent/Child Liaison be involved throughout the decision-making process. The responsibilities of this individual would be to carry out all contacts required by law, counsel parents/child on their rights, conduct home visits, obtain signatures and explain the total process to the parents. Although it may not be possible to have a particular person assigned to these responsibilities, school district personnel (including the audience of the NWLRS Conference) need to assume roles in working cooperatively with parents, involving them as much as possible in decision-making and informing them of their rights.

> The implicit intent (in P.L. 94-142) that parents become active and effective participants in their children's educational process certainly speaks to the need for the consumer sub-system to act on itself for the development of the requisite skills.
>
> *Crosson*

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The Programming of Materials for the Severely Handicapped

Dr. Alan M. Hofmeister

Regular classrooms must be altered to accommodate severely handicapped students

The provision of programs for the severely handicapped requires a mobilization of resources on a scale much more extensive than we ever conducted for the mildly handicapped. There is a strong move to locate programs for the severely handicapped in the regular public school systems. This integration is commendable in that it indicates an acceptance of responsibility by public education. Such integration is far from commendable, however, if it implies that the traditional parameters of regular education are to be applied to the severely handicapped. By traditional parameters, I am referring to such practices as:

1) five hours of education, five days a week,
2) start of formal school between five and six years of age,
3) three parent conferences a year, and
4) nine months of schooling a year.

These practices are not consistent with the needs of the severely handicapped child, who will require well programmed instructional experiences most of his/her waking hours. Such instructional experiences should start during the infant years.

The traditional administrative and classroom management practices of regular education are totally inappropriate for educating the severely handicapped. Educators of the severely handicapped are faced with management and manpower problems unparalleled in educational history. If we apply usual manpower resources and management procedures to the severely handicapped, we end up with little more than a babysitting service.

Training of support personnel and parents is a major task

Two important aspects of a grogram for the severely handicapped are the training of parents to be effective instructional agents, and the provision of intensive one-to-one instruction in the classroom program. Providing one-to-one instruction in the classroom will usually involve the training of aides or volunteers. The school district then has to train the adults important in the severely handicapped child's life. A group of ten severely handicapped pupils will generate training responsibilities for up to 20 parents or siblings, and from 2 to 10 classroom aides or volunteers. This estimate assumes that the teacher is fully trained. Since extensive pretraining is usually not economically feasible, on-the-job training is generally the basic mode of operation.

When most educators consider the problems of training in education, two areas dominate: the training of pupils, and the training of teachers. The training problems associated with the education of the severely handicapped are far more extensive because of the necessity of training parents and classroom paraprofessionals.

With many educational programs, we often discuss management effects in terms of the degree of structure, the implication being that we can vary the degree of structure at will in the same way we can select different textbooks. Programs for the severely handicapped have no such luxury. The range of training needs, combined with multihandicaps of the pupil, requires a highly structured approach to program management.

Pupil training needs, staff competencies, and instructional materials are interrelated

The preparation and programming of materials for the severely handicapped has to take into consideration the training needs of the staff, as well as the pupils. In order to do this, it is necessary to consider the instructional competencies that are required to teach a selected skill to a pupil. The following matrices and associated definitions represent one way of organizing both staff and pupil training needs through the use of the materials. The materials the paraprofessional uses initially have to be validated with untrained paraprofessionals. Generalization of a competency (e.g., specific verbal praise, backward chaining) can only be expected after systematic practice in several skill areas.

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COMPETENCY-DOMAIN MATRIX

	COMPETENCIES																								
	Types of Learning					Rein.		Assess.			Instructional Interaction					Decision-Making			Instructional Aides/ Materials					
	Chaining (Motor & Verbal)	Teaching Signals (Stimulus-Response)	Teaching Multiple Discriminations	Reverse Chaining	Teaching Concepts/ Rules	Using Specific Praise	Using Token Economy	Pre-/Posttesting	Charting	Class Management Matrix	Using Specific Cues/ Wording	Fading	Correcting Procedure	Systematic Reviewing/ Practicing	Modelling	Identify Correct Program Placement	Making "Enroute" Programming Decisions	Making Program Adaptations	Using Flash Cards	Using Tape Recorder in Instruction	Using Stopwatch for Time Criteria	Preparing Daily Worksheets	Using Direct Programming	Using Linear Programming
Mathematics DOMAINS																									
Number Skills	X		X			X	X		X		X		X		X		X						X	
Number Symbols					X	X		X	X		X		X			X								X	
Math Combinations (+, −, ×, ÷)		X				X		X	X		X		X	X	X	X			X		X	X	X	
Carrying & Borrowing	X				X			X	X		X			X	X	X			X		X		X	
Audio-Tutorial Mathematics		X					X	X	X	X				X		X	X			X	X			
Counting Objects								X	X		X	X	X		X	X	X							X	
Self-Help Domains																									
Zipping	X					X		X	X		X	X	X		X	X	X							X	
Buttoning	X					X		X	X		X	X	X		X	X	X							X	
Shoes & Socks	X					X		X	X		X	X	X		X	X	X							X	
Shoelaces	X					X		X	X		X	X	X		X	X	X	X						X	
Basic Sewing						X		X	X		X		X		X	X	X	X						X	
Sewing Buttons						X		X	X		X		X		X		X							X	
Seam Stitching						X		X	X		X		X		X	X	X							X	
Spoken Directions	X					X		X	X		X		X		X	X	X							X	
Naming Coins						X		X	X		X		X		X	X	X							X	
Emergency Telephone Skills			X			X		X	X		X		X		X	X	X							X	
Time Telling			X			X	X	X	X		X	X	X	X	X		X								X
Dressing Skills				X		X		X	X		X		X		X	X	X	X						X	
Language Arts Domains																									
Written Name, Address, Phone						X		X	X		X	X	X			X	X							X	
Survival Words		X	X		X	X		X	X		X		X	X		X	X		X					X	
Spoken Name, Address, Phone		X				X		X	X		X		X		X	X	X							X	
Letter Naming		X	X			X		X	X		X		X		X	X	X		X					X	
Programmed Spelling						X		X	X		X		X		X	X	X		X					X	
Audio-Tutorial Spelling							X	X		X	X					X	X			X					
Vocabulary Building		X						X	X		X		X			X			X		X			X	
Word Recognition		X				X		X	X		X		X	X	X				X		X			X	
Blending Sounds	X	X				X		X	X		X		X	X	X				X		X			X	
Sound Symbols		X				X		X	X		X			X	X				X		X			X	

Competency Descriptions

TYPES OF LEARNING

1. *Forward Chaining* (motor, verbal). A chain involves a sequence of behaviors (motor or verbal), for example: counting, tying shoes, etc. In forward chaining, the instructor provides the learner with help in performing each step in the chain in its entirety. This help is then systematically reduced until the learner can independently perform each step in the chain; that is, independently perform the task in its entirely.
2. *Teaching Signals* (stimulus response). Signal learning involves a single response to a cue, for example: "What is your name?" (cue). "John" (response).
3. *Teaching Multiple Discriminations.* Multiple discriminations involve identifying one stimulus among several different stimuli, for example: distinguishing a nickel in the presence of a dime and a quarter, or distinguishing an "a" in the presence of 25 other letters.
4. *Reverse Chaining.* In reverse chaining, the instructor demonstrates all but the last step in the chain requiring the learner to perform the final step independently. The process is then repeated; however, the student now performs the last *two* steps independently. The instructor continues to work "backwards" in this manner until the learner can independently perform all the steps in the chain.
5. *Teaching Concepts/Rules.* Conceptual learning involves the ability to respond the same way to objects in a class (generalization) and to respond differently to objects *not* in that class (discrimination), for example: to say "red" to *all* objects with that color characteristic (regardless of size or shape) and *not* to say "red" to objects without that color characteristic. *Rules* involve a particular kind of concept which enables the learner to generalize to a more narrowly defined class. For instance, in the example above the learner could say "red" (generalize) to a wide variety of objects, whereas a learner who knows the rule "as many as you count to on one side of the equal sign (=) you have to count to on the other side" can only generalize to a very specific class (i.e., arithmetic problems).

REINFORCEMENT

1. *Using Specific Praise.* Involves not only praising the learner for correctly responding, but also providing him feedback as to what it was that he did correctly, for example: "Good job holding the button."
2. *Using Token Economy.* Involves the rewarding of points or tokens (plastic chips, etc.) for a correct response. These tokens can then be exchanged for various activities or rewards. For example, when the learner earns 50 points, he can exchange them for the privilege of watching his favorite television show.

ASSESSMENT

1. *Pre-/Posttesting.* Pretesting includes (a) determining if the learner has the required skills to begin the lessons (pre-skills), and assessing whether he already has the skills that will be taught in the lesson. In posttesting, the instructor determines if the learner has adequately mastered the skills that were taught.
2. *Charting.* Charting involves systematically recording the data obtained from pre-/posttesting an individual learner.
3. *Class Management Matrix.* The Class Management Matrix provides a system for recording pre-/posttesting data for several learners (classroom).

INSTRUCTIONAL INTERACTION

1. *Using Specific Cues/Wording.* The directions (cues) that the instructor gives the learner are specifically spelled out. The instructor is not only informed on specifically what to say, but also on what to do.
2. *Fading.* Fading is a technique for systematically reducing the amount of help (prompts) the instructor provides the learner. For example, the instructor says, "Take off your cap" and physically helps the learner. In the next step, the instructor repeats the command "Take off your cap" and *touches* the learner's hand. On the next trial, the instructor again says, "Take off your cap" and *points* to the cap. Finally, the learner will be able to independently remove his cap on command.
3. *Correcting Procedure.* In a correcting procedure, the instructor provides the *least help necessary* to enable the learner to correct his error. For example, if the learner makes an error, the instructor will simply repeat the command. If the learner repeats the error, the instructor will *model* the correct response ("Watch me."). If the error is still repeated, the instructor will perform the task *with* the learner ("Let's do it together.").
4. *Systematic Reviewing/Practicing.* In a systematic review, tasks are repeated at *specific* points in the program to ensure maximum learning and minimal error. Systematic

practice involves a technique for providing added drill for the *specific skills* with which the learner is having difficulty.

5. *Modeling.* In modeling, the instructor demonstrates the correct response for the learner, for example: "Watch me do (say) it."

DECISION MAKING

1. *Identify Correct Program Placement.* The identification of correct program placement is based upon the instructions of the pretest, for example: "If the learner did not pass this check, begin instructions with Lesson 1."

2. *Making "Enroute" Programming Decisions.* During the implementation of the program, the instructor is provided with instructions regarding when to move from one step (or lesson) to the next, for example: "Repeat Step E until the learner can button his shirt *without* help. When he can, go to Lesson 2."

3. *Making Program Adaptations.* The instructor is provided with suggestions on how to alter and/or add to the program to meet individual needs, for example: "If the learner is having difficulty taking off his shoe, repeat the lesson using a larger shoe."

INSTRUCTIONAL AIDS/MATERIALS

1. *Using Flash Cards.* A flash card is a card with a single item printed on it, for example: a letter, a math problem, etc. Flash cards are used in teaching and/or in practice. For example, the instructor says, "When I show you a letter, you say its sound," then presents the flash cards one at a time. The instructor then gives the learner a set of cards composed of the letters he has just been taught and says, "Practice saying these sounds."

2. *Using Tape Recorder in Instruction.* Certain programs include cassette tapes. It will be necessary for the instructor to teach the learner to: (a) insert the cassette tape, (b) turn on the machine, (c) play the tape, (d) rewind the tape, and (e) remove the tape once it has been rewound.

3. *Using Stopwatch for Time Criteria.* Some programs require the learner to correctly perform a task within a certain period of time, for example: "Say the sound of the letter within 2 seconds." In such cases, the instructor is provided with specific directions on how to operate and use a stopwatch to time behavior.

4. *Preparing Daily Worksheets.* A number of programs provide the instructor with specific directions for developing worksheets to meet the individual needs of each learner.

5. *Using Direct Programming.* In a "direct program," the instructor directly interacts with the learner (face to face). In other words, the instructor does the actual teaching. This teaching is usually for short time periods (e.g., 10 minutes), and the instruction involves extensive structured interaction between learner and instructor.

6. *Using Linear Programming.* Linear programming involves a paper and pencil format. The instructor places the learner in the program and monitors his perfomance. Most of the instruction is provided in the *workbook*, as opposed to by the instructor. Rather than teaching the lessons, the instructor teaches the learner *how to use* the program (i.e., how to cover the answers, how to place a plastic sheet over a page prior to working, how to check his answers before going on, and how to turn the pages).

Curriculum Domains

MATHEMATICS DOMAINS

The following programs train the paraprofessional to teach in the following mathematics areas:

1. *Number Skills.* The names of the numbers one to ten, how to match those numbers, how to identify those numbers; also, how to count from one to any number up to ten. (Source: "Number Skills")

2. *Number Symbols (+, −, =).* Includes concepts "more," "less," and "equal," and the symbols for each. Also helps teach how to add one and subtract one for the numbers one to ten. (Source: "Number Symbols")

3. *Math Combinations (+, −, ×, ÷).* Systematically provides drill to aid in the memorization of math facts involving numbers one through ten. (Source: "Math Combinations")

4. *Carrying & Borrowing.* Includes the processes of carrying and borrowing in addition and subtraction. (Source: "Carrying and Borrowing")

5. *Audio-Tutorial Math.* Designed for the learner who does not have mastery of basic math facts; provides systematic practice via cassette tapes. (Source: "Audio-Tutorial Math Program")

6. *Counting Objects* (1-10). Includes teaching the learner to count to an exact number of objects out of ten objects. (Source: "A Program for Teaching the Counting of Objects")

SELF-HELP DOMAINS

The following programs train the paraprofessional to teach in the following self-help areas:

1. *Zipping.* Includes teaching the learner to zip and unzip his jacket. (Source: "A Program for Teaching the Independent Use of Zippers, Buttons, Shoes, and Socks")
2. *Buttoning.* Teaches the learner to button and unbutton his shirt. (Source: "A Program for Teaching the Independent Use of Zippers, Buttons, Shoes, and Socks")
3. *Shoes & Socks.* Includes teaching the learner to put on and take off his shoes and socks. (Source: "A Program for Teaching the Independent Use of Zippers, Buttons, Shoes, and Socks")
4. *Shoelaces.* Includes teaching the learner to untie and tie his shoelaces. (Source: "A Program for Teaching the Independent Use of Zippers, Buttons, Shoes, and Socks")
5. *Basic Sewing.* Includes teaching the learner to measure and cut a thread for hand sewing, to thread a needle, and to make a holding stitch. (Source: "Easy Basic Sewing")
6. *Sewing Buttons.* Includes teaching the learner to sew two-hole and four-hole buttons onto fabric. (Source: "Sewing On Buttons")
7. *Seam Stitching.* Includes teaching the learner to make a backstitch by hand along a straight line with holding stitches at both ends. (Source: "Seam Stitching")
8. *Spoken Directions.* Provides the learner with practice in recognizing and following common spoken directions. (Source: "Following Spoken Directions")
9. *Naming Coins.* Includes teaching the learner to identify and name the quarter, dime, nickel, and penny. (Source: "A Program for Teaching the Identification of Coins")
10. *Emergency Telephone Skills.* Includes teaching the learner how to make an emergency telephone call to the operator when he is directed to do so. It will *not* teach the learner to make a call *without* your direction. (Source: "Emergency Telephone Skills")
11. *Dressing Skills.* Includes teaching the learner to independently put on and take off his pants, shirt, and sweater or jacket. (Source: "A Program for Teaching Independent Dressing Skills")

LANGUAGE ARTS DOMAINS

The following programs train the paraprofessional to teach in the following language arts areas:

1. *Written Name, Address, & Phone Number.* Includes teaching the learner to *write* his name, address, and phone number. (Source: "Written Name, Address, and Phone Number")
2. *Survival Words.* Includes teaching the learner to recognize and understand the meaning of the words "hot," "cold," "push," "pull," "on," "off," and "danger." (Source: "Survival Words")
3. *Spoken Name, Address, & Phone Number.* Includes teaching the learner to *say* his name, address, and phone number. (Source: "Spoken Name, Address, and Phone Number")
4. *Letter Naming.* Includes teaching the learner how to name and identify the letters of the alphabet. (Source: "Letter Naming")
5. *Programmed Spelling.* Includes teaching the learner to spell sixteen one-syllable words (examples: mom, dad, yes, no). (Source: "Programmed Spelling")
6. *Audio-Tutorial Spelling.* Designed for students at the 3rd grade placement or higher who need remedial spelling instruction. (Source: "Audio-Tutorial Spelling Program")
7. *Vocabulary Building.* Designed for pupils in grades 5 to 12 who can read at the 4th grade level or higher, who need extra practice in oral reading, word recognition, and word meaning. (Source: "Vocabulary Building")
8. *Word Recognition.* Designed for learners in elementary grades who lack a sight vocabulary. Helps them recognize words that they are not able to sound out. (Source: "Word Recognition")
9. *Blending Sounds.* Includes teaching learners to blend sounds in a word rapidly without pausing between sounds. (Source: "Blending Sounds")
10. *Sound Symbols.* Designed for pupils who do not know the sounds of letters. (Source: "Sound Symbols")

Individualized Educational Programs

William Schipper

The three major goals to be accomplished in this discussion are: first, to review the major points of the Education for All Handicapped Children Act of 1975 (P.L. 94-142); second, to discuss some implications of the law for programming at the state and local education agency levels, with specific reference to meeting the mandate of individualized education programs (IEPs); and third, to discuss the role of the National Association of State Directors of Special Education in assisting states to implement the law.

What are some of the implications in P.L. 94-142 for state and local education agencies?

1) *It is a formula funding law—*
The law is designed to assist state and local education agencies in their responsibilities of providing free appropriate public education to all handicapped children. As with all sources of funding, when states and local education agencies accept federal funding, they enter into a partnership or a contract with the federal government. Which means, in a nutshell, that we are allowing a federal partner into our planning and into the shaping of our delivery systems.

P.L. 94-142 should be viewed positively

Although there are some among us who view the entrance of our federal partner with some alarm, we at NASDSE feel that our existing state-local partnership needed new blood and welcome for the first time the promise of significant federal funding to allow us to accomplish some goals that we have for too long left unmet.

In a way, the escalating authorized funding levels of the law ($3.16 billion in 1982) can be viewed as an incentive contract for state and local agencies. The better job we do in serving handicapped children, the more help we can expect. In fact, if we ever accomplish the goal of a free and appropriate public education for all handicapped children, we can use the federal funds to supplant state and local dollars.

We must now make up for past inequities

2) *It is a civil rights law—*
We have the law now because handicapped children were and are being denied their rights. As with other civil rights laws, it is not enough to say, "You will hire minorities"—rather—"you must develop an affirmative action plan not only making jobs available but actively seeking people to fill these jobs." With our new law, it no longer is acceptable to think in terms of "making equal educational opportunities available for handicapped students"—instead, we must be aggressive in our efforts to "seek out and find all handicapped children and provide them with a free and appropriate education." The law builds in assurances of parent and child rights.

3) *It is a management law—*
The law describes a set of responsibilities at the local, state and federal levels, both for the provision of free and appropriate public education (FAPE) for all handicapped children, and for the monitoring and accountability of the system.

The law implies some priorities: Small services to the severely handicapped

The first major implication embedded in P.L. 94-142 is that children who traditionally have been completely excluded from public schooling, or who have been automatically placed in state residential institutions, will now be placed in public school programs or in private school programs at no cost to their parents. This concern for the severely, multiply handicapped child will alter significantly the pattern of services that presently exists in our schools.

> When we deal with the severely handicapped, we have to go outside the normal approaches—we have to deal with things that we don't typically deal with in normal education.
>
> *Hofmeister*

Parent involvement

Also, we now have what we might think of as a "coordinated voice of advocacy" in effect. The law itself and the wording of many of its conditions, resulted from many advocate groups approaching Congress with the same story of unmet needs. Consistent among these unmet needs was the rights of parents concerning decisions made about the education of their children. The rights of parents to become a "partner" in the determination of FAPE for their children was established by a coordinated voice of advocacy and will, I hope, remain with us forever. The law stipulates that parents *must* be involved in the development and review of an individualized education program (IEP) for each handicapped child.

Individualized educational programs for every handicapped child

The term "IEP" means a written program including:

- —a statement of the present levels of educational performance of the child,
- —a statement of annual goals and short-term objectives which are intermediate objectives to meet those goals,
- —a list of specific educational services to be provided to such child, including the starting date and duration period for those services,
- —any special instructional media or materials which are needed,
- —objective criteria procedures and a schedule for evaluating the effectiveness of the program in meeting the short-term objectives.

Implications for State Education Agency

SEA leadership role has been expanded

Many people are of the viewpoint that when the federal funding guidelines changed to create a flowthrough of federal funds to LEAs that this played down the importance of the SEA. As I view the law, the leadership role of the SEA has been enhanced. Not only has it been enhanced, but now SEAs are challenged to exert leadership in many new areas.

One of these areas is the obligation of providing technical assistance to LEAs in helping them prepare for and implement the new law. State agencies have been moving toward a technical assistance role more and more over the past few years. However, this assistance has evolved primarily as categorical instructional assistance to LEAs for specific programs. With the new law, the assistance to LEAs must change to provide management assistance such as timely information and inservice programs for new skills related to implementing the law (i.e., individualized education program development).

> State education agencies must provide inservice training for teachers already in the field so they can upgrade their skills to be able to perform adequately with the severely handicapped.
>
> *Fredericks*

Reaching the goal of *full services* will be the major task

Implications for the LEA

1) First, and foremost, the LEA must expand their programs from wherever they are to a program of full services. This involves planning—cooperative or participatory planning involving all disciplines in the LEA.
2) As never before, parents are now our partners in the development of programs for their children. LEAs that willingly allow parents to be involved will be rewarded. Those who attempt to obtain merely a signoff for their preconceived actions are in for problems and will probably end up in court.

3) The purpose of diagnostics is changing. Historically, I think it is safe to say, diagnostics, particularly psychologicals, have been administered for the primary purpose of determining eligibility for special class placement. *Now* the purpose of diagnostics is obtaining information to assist in developing the most appropriate program for a child. Perhaps that is a subtle difference, but it is an important one with wide implications for inservice training.

Role of NASDSE

SEA staffs are faced with special requirements for training

For several of the reasons cited so far in this paper, there is a need for continuing professional staff development programs for SEA special education personnel, as they assume the larger leadership roles as managers of statewide change in special education. NASDSE is attempting to address this need.

NASDSE's staff development project of the past four years, funded through a special training grant from the Bureau of Education for the Handicapped, is the only known such effort in the United States geared specifically to develop competencies and leadership capabilities of SEA special education personnel.

NASDSE supplies important needs data to SEAs

NASDSE's National Office is in constant communication with the states to assess needs for training, materials, conferences, skills, program ideas, information, etc. and to assess relevance and interest in planned and prospective activities and products. NASDSE then draws upon its consultant and resources bank to create activities and/or products to meet the needs of SEA personnel in implementing programs.

> We have to get some needs data somehow. P.L. 94-142 rules and regulations indicate that the SEA shall ". . . initiate innovative and experimental inservice personnel development programs based upon assessed needs of State-wide significance . . ."
>
> *Lance*

A specific example of this process was the development of a resource manual for developing individualized education programs and the development and delivery of a training workshop to assist in the training of trainers for implementing IEPs at the LEA level. By January 15, 1977, more than 4000 IEP resource manuals (*Functions of the Placement Committee in Special Education: A Resource Manual*) had been disseminated to SEAs, LEAs, universities and other agencies, and more than 25 presentations and workshops on IEP had been conducted by NASDSE staff in cooperation with SEAs throughout the nation.

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Assessment with the Severely Handicapped Student

Jennifer Holvoet

Three assessment instruments with programming components are introduced

Assessment is the first step on the road to education of the severely handicapped. As a process, it enables the educator to know the student's skills, abilities and existing behavioral repertoire. It provides, when used correctly, a system for becoming familiar with the student in a way which has direct impact on the student's education. As a tool of the trade, it tells the educator where to begin with a severely handicapped student, and eventually, how effective the teaching of the student has been (Sailor and Horner, 975).

When just beginning to learn about the area of assessment, it is probably most valuable to focus first on instruments which have a programming component. Three such instruments are the *TARC Assessment Inventory*, the *Portage Project Checklist*, and *APT*.

TARC Assessment Inventory

The TARC (Topeka Association for Retarded Citizens) Assessment Inventory was devised in response to the need for an assessment device that a classroom teacher or aide could administer which would result in precise instructional objectives and a plan for achieving these objectives. In addition, the TARC was designed to provide a picture of the student's functioning in the self-help, communication, socialization, and motor domains relative to a standardization sample which included only severely retarded students.

In order to achieve these goals a four-stage procedure for intervention was built into the TARC system. The four steps are assessment, profiling, formulation of instructional objectives (by computer), and curriculum selection. In the fourth stage, a library retrieval system can be utilized in one of two ways: a) a print-out of abstracts of articles and curricula related to each instructional objective in rank order beginning with the one TARC personnel believed most likely to succeed, or, b) a "key-word" classification system which allows a user to ask for all the abstracts of educational curricula related to a specific area (e.g. Toileting, Self-Injurious Behavior, Tantruming, etc.). This option later should be especially helpful to support personnel.

The TARC is best suited to the skilled teacher who can afford to wait for the computer information to arrive and who can translate articles and somewhat vague curriculum ideas into usable programs. The TARC is not particularly suitable for students who have sensory or physical handicaps in addition to their retardation.

The TARC can be ordered from:

H & H Enterprises
P. O . Box 3342
Lawrence, Kansas 66044

The cost is $5.95 for one manual and 10 assessment inventories. The computer option(s) cost approximately $3.00 plus postage per TARC inventory (Option I) or a maximum of $24.00 for receiving specified entries from the key work checklist (Option II). The computer options and more information are available from:

Mr. Clay Sutton
Department of Special Education
University of Kansas
Lawrence, Kansas 66045

Portage

Project Checklist

The Portage Project Checklist is a list of behaviors which, according to the authors, usually appear in normal children between birth and five years of age. The checklist is a part of the Portage Guide to Early Education which also includes a card file which contains a behavioral description and suggestions for remediation for each item assessed and an instruction manual describing how to use the checklist and the card file and how to do training and task analysis.

These materials are suitable for many severely retarded students, but are not particularly good for those with additional physical impairment. The Portage is particularly recommended for teachers who like a lot of activity selections but do not wish to be tied to a prescribed task analysis or teaching procedure. The Portage also is designed particularly well for parent and paraprofessional use.

It can be obtained for $32.00 from:

Cooperative Educational Service Agency
412 E. Slifer Street
Portage, Wisconsin 53901

APT

APT (Pennhurst Assessment/Program Team) was developed as a comprehensive evaluation and training tool to be used with individuals exhibiting severely or profoundly retarded behavior. The latest revision (1976) also includes items specifically for blind individuals. The APT includes: an Assessment Scale, a set of training programs designed to remediate deficits found during assessment, data sheets, and a very clear manual describing how to implement the whole system.

APT is a very clear and fairly comprehensive curriculum for the severely retarded student. It is very useful for the beginning teacher or the paraprofessional (or parent), since everything needed comes in one package. It also serves as a good model for teachers who wish to learn to write their own programs. It would be a valuable source of reference for resource and support persons. It can be ordered from:

Pennhurst State School
Spring City, Pennsylvania 19475

The cost is currently less than $15.00

Other assessment tools

Information about other assessment instruments which have been used with severely retarded students can be obtained from:

Ms. Cathy Callen, Special Education
Kansas State Department of Education
120 E. 10th Street
Topeka, Kansas 66612

A somewhat similar *Guide to Assessment Materials for the Severely Handicapped* can be obtained from:

Education Specialist
HRS-Retardation Program Office
1311 Winewood Blvd., Bldg. 5
Tallahassee, Florida 32301

Assessment of functional operants

Sometimes a teacher will have a student who is so physically impaired or so medicated that it is almost impossible to find an assessment tool which even includes items which the student can do. One of the few assessment guides geared to this sort of student is the *Pennsylvania Training Model: Assessment Guide*, which costs approximately $2.00 per student and can be purchased from:

Pennsylvania Department of Education
Harrisburg, Pennsylvania 17126

Unfortunately, this assessment guide employs some fairly sophisticated terminology and gives no guidelines for the testing of most of the items. If the teacher has a physical therapist consultant or if he has had pre- or inservice training dealing with the assessment and the training of the physically disabled, the Pennsylvania assessment instrument will be valuable, particularly when coupled with other resources (Finnie, 1970; Macey, 1974; Vanderheiden and Grilley, 1975). However, if the teacher does not yet have these skills, he is faced with a student for whom he cannot build a data-based

program. It was for teachers faced with this problem that the staff of Project LEARN at Kansas Neurological Institute, Topeka, Kansas 66604 developed the concept of assessing a student for functional operants. A functional operant is designated as any act which is in the student's repertoire which can directly change his environment and/or which can serve as a signal to others in his environment. The staff of Project LEARN felt that developing some sort of communication skills in the physically handicapped retarded student was the most critical target behavior. Toward this end, they assessed each student using the form in Appendix A looking for a) the most consistent and strongest response in the student's repertoire which also would be: b) the most functional for adapting the current systems of communication (manual signing, communication boards, etc.), and c) easily recognized by staff and parents.

In general, the behaviors on the checklist are listed in the order of their functionality and recognizability, so that the teacher should work to expand the first behaviors which occur consistently.

Forms for use with consultants

Teacher assessment can also play a very important role in getting accurate and useful information from consultants. Most persons, such as speech pathologists, audiologists, ophthalmologists, physical or occupational therapists, and behavioral consultants do not have a large number of tools at their disposal for evaluating a student's functioning. They, like the classroom teacher, must base many of their diagnoses and decisions on observation of the student. If they can pool their observations with those made under conditions more familiar to the student, they are often able to give the teacher more concrete and accurate information. Two assessment forms, developed at KNI, which can be used by the classroom teacher then given to the consultants are in Appendix B. The forms can be used to "spin-off" forms appropriate for various types of consultants.

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Classroom Implications of Medical Conditions of Severely and Profoundly Handicapped Persons

Stephen I. Sulzbacher, Ph.D., and Robin Beck, M.D.

Severely and profoundly handicapped students pose unique classroom problems

As is true with any special population, architectural and procedural modifications are necessary for classrooms in which the severely and profoundly handicapped are to be educated. These include modifications in educational procedures, as well as a greater awareness of physical precautions to be taken. Unique hazards are presented by this population to teachers and others who come in contact with them. Specifically, the severely handicapped are more susceptible to various communicable and infectious diseases such as meningitis, hepatitis, and the common cold. Flu, for example, can be a life-threatening disease for many of these individuals who are physically infirm as well as mentally retarded. Because of their weakened physical state and diminished capacity to care for their own sanitary needs, these children regularly harbor low-grade chronic infections. Pregnant teachers and teachers of child-bearing age should be particularly cautious to protect their unborn children from such diseases.

Teachers should post a chart conspicuously alerting staff to common medical emergencies

All classrooms serving this population should have a reference chart listing common medical emergencies such as insulin reactions, seizures, etc., and suggested first aid and emergency procedures for them. In addition, the teachers need to be aware that they will be confronting many problems of a medical sort which, while certainly not emergencies, are not commonly encountered in the classroom situation. Teachers should be alert for skin rashes, eye, mouth and throat irritations, or other kinds of allergic reactions in these students. On the one hand, these may be infectious and other students must be protected from the infection, or they may be caused by an irritant with which the child comes in contact during the classroom hours. Many problems can arise during feeding and toileting with this population. For example, when children are assisted in feeding, positioning of the head is most important in avoiding aspiration and choking. A number of syndromes of retardation also cause metabolic disorders requiring special diets not usually available in standard school lunch programs (e.g., PKU and Prader-Willi syndromes). The memorandum to teachers of children with Prader-Willi syndrome (included in Appendix A) is an example of how educational tasks can be structured in various ways to help children overcome or circumvent handicapping conditions.

> When we deal with the severely handicapped, we have to go outside the normal approaches—we have to deal with things that we don't typically deal with in normal education.
>
> *Hofmeister*

The first consideration in toileting and toilet training is that the toilet area itself be equipped to handle wheelchairs or other prosthetic devices of the population to be served and that the seat itself be of proper height and dimensions. We have noted how very young handicapped children are afraid of modern institutional style toilet seats which have an opening at the front rather than being a complete circle. Small children often slip into the hole and develop a quite justified fear of falling in.

A basic knowledge of medications is necessary with this population

We believe it is important for teachers to be familiar with medications commonly used with severely and profoundly handicapped people as well as the behavioral implications of these medications. Many children in this population have seizure disorders or other neurological conditions requiring special medication. In addition, these children are commonly also receiving tranquilizers or other medications whose primary effects are to modify their classroom behaviors. The educator's role in management of dosage, detection of side effects and measurement of drug effects on classroom performance and behavior is described in greater detail in two journal articles, reprints of which are available from the author at the address given below. The articles are titled "Use of Medication Versus Reinforcement to Modify a Classroom Behavior Disorder," by Strong, Sulzbacher and Kirkpatrick, *Journal of Learning Disabilities*, April, 1974; and "The Learning Disabled or Hyperactive Child: Diagnosis and Treatment," by Sulzbacher, *JAMA*, December 1975. It is important for open lines of communication to exist with other health professionals, particularly where medication is concerned, since there are obviously legal limits of responsibility for physicians and teachers. Similarly, with many of the orthopedically handicapped children, the input from a physical or occupational therapist is necessary to provide the best possible program for the child. Parent involvement, as well as the school's, is important in long-range planning for the eventual placement of the severely retarded.

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Classroom Management for the Severely Handicapped

Torry Furey

Classroom management includes the utilization of all things which the teacher has at his/her disposal to accomplish instructional objectives with children. These include people, setting, curriculum, and the administrative management techniques to weld these together. There are three main roles assigned to staff in the classroom for the moderately and severely handicapped—teacher, aide, and volunteer. Each has distinct functions and responsibilities, with the teacher ultimately responsible for all that happens and all that fails to happen in the classroom.

> It has been found that teachers who were extending the instructional time with children by the utilization of volunteers were more successful with children.
>
> *Fredericks*

Teaching Research offers a curriculum with behavioral objectives already written

Certainly the major element in classroom management is the designation of instructional objectives, which ideally should be part of a detailed curriculum with a scope and sequence of behavioral objectives. The Teaching Research Curriculum for the Moderately and Severely Handicapped is designed to save lesson preparation time for teachers. It is a series of behavioral objectives, each with accompanying task analysis. The curriculum covers four major skill areas: self-help, motor development, language, and cognitive skills. Each area contains skills that range from minimal skill levels to skill levels the more able moderately and severely handicapped child might acquire in a school setting. Each skill is task analyzed into phases and steps which represent smaller portions of complex terminal behaviors.

The teacher assumes responsibility for assessment and data keeping

To utilize the scope and sequence properly, however, the teacher must have a system of initially assessing a child—that is, determination of what skills s/he possesses and what skills s/he does not possess among those listed in the scope and sequence. This initial assessment is necessary if the teacher is going to conduct individual programming of children to the extent specified in this model. In addition, the teacher needs an easy system of keeping track of the child's acquired abilities as s/he moves through instructional scope and sequences. Thus, a data-keeping system which allows for initial assessment and easy updating of the child's program is mandatory in a good classroom management system. While the curriculum has been designed for moderately and severely handicapped children, it has been used with individuals with a variety of handicapping conditions and severities. This program delivery system enables use of the curriculum for a high level individual who may not need all the phases and steps prescribed as well as for a more severely impaired child who may need additional phases and steps in order to acquire the terminal behavior. In the area of placement in the curriculum, a three-step process is suggested: (1) gross assessment as to whether or not the child can complete the terminal objective independently; (2) determination with parents and/or guardians as to educational priorities for the student; and (3) a detailed pretest to determine where teaching begins within the individual program.

In brief, classroom management includes the welding together by a teacher/manager of a curriculum containing complete scope and sequence, a data-keeping system, mate-

rials and reinforcers, aides, volunteers, and parents, with a communication system that allows instruction to be easily delivered to the aide and volunteers, and provides for feedback channels to the teacher.

> Educators of the severely handicapped are faced with management and manpower problems unparalleled in educational history.
>
> *Hofmeister*

The classroom management system utilized by a teacher, or the way in which that teacher pulls together the resources available to provide services for the severely handicapped child, is the critical element to the success of his/her teaching. The best instructional materials in the world are useless if a teacher does not have a delivery system for those materials. To be successful, the process described in this presentation would include the use of a task analyzed scope and sequence curriculum, a commitment to individual prescriptive programs delivered by a combination of teacher, aide and volunteer, and a comprehensive data system which allows the teacher to monitor child performance on a day by day basis.

One-week training sessions are offered

The Teaching Research Infant and Child Center offers a one-week training session to personnel working with handicapped children, which provides training in the classroom management system described. The training takes place in one of the classroom components, and involves direct teaching with children supplemented by seminar and discussion sessions. The training program involves participation in the one-week training session at Teaching Research as well as a minimum of two days of follow-up by the Teaching Research staff to the trainee's work site.

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Adaptive Equipment for Severely Handicapped Children

Dorothy Haenle

Adaptive equipment is most appropriate for the severely mentally, physically, or multiply handicapped when used in a way that contributes to an individual's maximum independence and freedom of choice—his or her optimum, least restrictive environment.

> The provision of programs for the severely handicapped requires a mobilization of resources on a scale much more extensive than we ever conducted for the mildly handicapped.
>
> *Hofmeister*

To be effective, special equipment must be used properly

It should be stressed that adaptive equipment, in itself, does not solve problems. The user must perceive a need for the equipment and must be trained in its use. Also, a reliable source of maintenance may be needed if the equipment is complex or highly specialized.

Following is a list of adaptive equipment suggested for specific skill areas, including resources for locating the equipment in the community:

A) Gross motor activity
   1) Mobility —wheelchairs, walkers, lifts, braces, prostheses
      Resources: physicians, physical therapists, prosthetists, brace makers, salesperson for wheelchairs, equipment
   2) Development—ordinary physical education and playground equipment—balls, old parachutes, scooter boards, etc.
      Resources: teachers of adaptive p.e., nursery and special education teachers, recreation therapists, occupational therapists

B) Fine motor, pre-academic, cognitive
   1) Materials —pencil and crayon holders, puzzles with built-up handles, nursery and kindergarten materials with lots of color, movement, sound, manipulative qualities
      Resources: teachers, especially those in early education and special education, occupational therapists
   2) Equipment —lapboards, corner chairs, small tables, standing tables and sandboxes, typewriters with guards, tape recorders
      Resources: special education teachers, occupational therapists

C) Self-help
   1) Feeding —special nipples, adapted cups, special spoons, plates
      Resources: pediatricians, nurses, occupational therapists, communication disorder specialists
   2) Toileting and bathing—built up or special toilet seats, moisture sensors used in toilet training, grip bars, bathing aids
      Resources: nurses, occupational therapists
   3) Dressing and grooming—velcro fasteners, adaptive pulls, easy-on clothes, practice vests
      Resources: teachers, occupational therapists

4) Community Access—aids to mobility, help in coping with architectural barriers, with public transportation problems
   Resources: teachers, occupational therapists, physical therapists, insterested volunteer groups

D) Language and communication
   1) Amplification of hearing
      Resources: physicians, audiologists, communication disorder specialists
   2) Communication aids—homemade or commercial
      Resources: communication disorder specialists, occupational therapists

E) Socialization
   1) Community access, as above
   2) Adaptive recreational equipment —balls, ramps, handles for bowling, swimming aids, individually modified specialized athletic equipment
      Resources: teachers of adapted physical education, recreators with YMCA, YMCA programs, park districts, volunteer organizations which sponsor summer camps, day camps, special programs

LRC staffs can play several roles in relation to adaptive equipment

The personnel of the Learning Resource Centers could certainly serve as sources for referral to persons with expertise in all areas of adapted equipment, to catalogues of commercially available equipment, to books on home-made equipment, to a card file of individually designed equipment, and to volunteer organizations in the community which might have educational programs or loan closets of equipment.

Learning Resource Centers might also stock some of the more specialized or frequently requested equipment for trial loan, as is now done with instructional materials. Perhaps, working with local colleges, they might tap resources for the design of equipment to meet some of the special needs of this population. The resultant equipment could then be stocked for loan, with plans for construction available to interested parties.

An LRC could become a source of training for teachers and other interested persons in the principles of adapting equipment to specific needs. Teachers also need training in how to train children to use the equipment effectively. Both the parents and children involved might become partners with the teachers in this type of training.

Repetition of errors can be avoided

For full service in the area of adapted equipment, existing knowledge and experience in the field of services to the severely physically handicapped need to be shared with those just entering the field, and with those working primarily in the areas of the severely mentally and motor retarded. Occupational therapists, physical therapists, teachers of the physically handicapped, and communication disorder specialists, among others, each would have a unique contribution to make. Wider understanding of existing principles and equipment would help keep those entering the field from repeating the mistakes made in the earlier days of serving the severely physically handicapped.

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Catalogues of adaptive equipment from: Fred Sammons, Inc., Box 32, Brookfield, Illinois 60513; J. A. Preston Corp., 71 Fifth Avenue, New York City, New York 10003.

Ancillary Services: Role of the Occupational Therapist, Physical Therapist, and Speech Pathologist

Sally Johnson, M.A., C.C.C., and Judith Drews, M.A., L.P.T.

Three resources to teachers of the severely handicapped are Occupational Therapists, Physical Therapists and Speech Pathologists. These therapists all receive special training for certification and each has strengths and weaknesses of which the classroom teacher should be aware:

Occupational Therapist: no physician/prescription constraints; can accept referral from anyone; generally has stronger preparation in development and school-related activities than a Physical Therapist; participates in a 3-4 month internship in a pediatric setting.

Physical Therapist: physician referral/prescription is mandatory for treatment; knowledge of pediatric physical therapy (particularly mental retardation) is sometimes limited, though some clinical internships are in pediatric settings.

Speech Pathologist: has teacher's certificate so can work in public school setting; should be able to intervene at the prespeech level to service the severely handicapped.

Three approaches to therapy may be employed:

1. Direct Delivery

There are several models which can be employed by therapists for service delivery in the schools. *Direct delivery* is the model traditionally used in the schools and also the one in which therapists are most heavily trained. In this model, the client is taken out of the classroom to the therapy room for 30-60 minutes two to five times weekly for individual training in specific skills. Some disadvantages of this model are that it allows for little carryover into the rest of the classroom day or into the home situation, and it is most appropriate for those students who can practice a skill on their own—probably *not* the severely handicapped.

2. Team Approach

The *team approach* provides for interaction and sharing of information from several discipline biases. This approach can be multidiscipline—a number of disciplines working separately with the child; interdiscipline—several disciplines working together with the child; or transdiscipline—several disciplines adding to the information and management base on any one child with only one team member doing the actual "treatment." Though success is dependent upon individual strengths and personalities, the team approach is generally quite appropriate for the severely multiply handicapped.

3. Consultant Approach

In the *consultant approach*, the individual therapist carries out assessment and treatment planning with or without input from other team members, and then teaches the teacher and aides to deliver the daily treatment. The therapist rechecks periodically to see that the program is being delivered correctly and to make changes if necessary. This approach makes the most efficient use of the therapist's time, but it requires the teacher to be the "deliverer of service," and to be willing to learn from the therapist.

Following is an example of techniques used by therapists with the severely handicapped for intervention at the prespeech level (children functioning below the level of verbal imitation):

—feeding—since the same articulators (lips, tongue, teeth, palate, etc.) and the same muscles are used for both feeding and speech, intervention can take place at feeding time. If abnormal or pathological reflexes are present (tongue thrust, bite reflex, etc.) intervention to inhibit them when a child is eating will help free up the articulators for subsequent speech development.

—sound facilitation—this can be done by vibration, moving a part of the body to help a child produce sounds. For example: vibrating the back when child is prone over a wedge, vibrating the rib cage up and down, vibrating hand over lips (Indian call). Another method is vestibular stimulation, movement of the whole body, for example: swinging a child between therapist's legs, rocking in a chair, flying child in an airplane spin.

It is suggested that when planning to hire a therapist for the coming school year, job notifications be distributed in December or January to find those particularly competent to work with the severely handicapped population.

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Infant Programs or the Case for Early Intervention

Alice Hayden

In recent years there has been considerable emphasis on the development of programs for handicapped children from birth to three years of age. Many handicapping conditions are readily observable at birth; certainly the most obvious or visible handicapping conditions can usually be observed within the first six months of life. Other, more subtle indications of handicapping conditions may require a longer time period for identification in the young child.

The most recent research supports early intervention . . .

Some very interesting research is now being conducted on newborns, normal and deviant. The film, *The Amazing Newborn,* distributed by Ross Laboratories, presents research on observations sometimes not previously noted by earlier observers. Such research, utilizing new technology and methods of recording via videotape or film, demonstrates the amazing organization of the newborn and provides evidence that the newborn does respond to gestures and communication in the first few days of life. Other studies show the newborn infant's ability to imitate different facial expressions such as the pursing of the lips, or protrusion of the tongue in response to adult models, when the infant has never been taught or shown where his/her tongue or lips are.

. . . especially with the more severe handicaps

Although the research on normal newborns and infants is of great interest and may have some tremendous implications for work with handicapped children, the case for early intervention is most strongly made with severely handicapped children. The principal reason for this is that we may be able to prevent or remediate some handicapping conditions if we have an opportunity to work with these children in the first few weeks and months of life. We must also realize that very early intervention is important not only to the child but to the parents. During this period, parents need the support that can be provided by an interdisciplinary team, or other people who can work with them and the infant over a period of time. The educator represents the discipline that will have the longest involvement with the child and his or her parents.

> We still don't have any firm answers on whether the schools should provide a parent training program as part of an "appropriate" education—if you were to ask me, of course, I wouldn't have any hesitation . . .
>
> *Hofmeister*

Current literature reflects a great interest in the subject

The literature on infant intervention research is coming from a number of different disciplines and is therefore very difficult to "track down" since it involves the review of many different sources. We know how difficult this task is because we have attempted to do it. We are therefore pleased to be able to share a bibliography entitled, "Infant Intervention Research: Selected References," in which sources are listed under different categories. We are mindful that the studies in this area are increasing and that the bibliography will need to be updated regularly. Another point that should be made is that interest in early observation and intervention with infants is worldwide and reports of research are coming in from many different countries. I can recall that I once made the statement that this may very well be regarded as the era of the young child. Perhaps we are now entering the era of the newborn infant.

Advances in the area of genetics are also proving fascinating. We have known of certain genetic anomalies such as Down's syndrome for many years, but it has been only within the last twenty years that we have understood what is now referred to as Trisomy-21 and the possible variations of that designation. Other chromosomal aberrations are being reported rapidly and some studies show that abnormal genes may have implications for further study. The title of the 1975 publication of the President's Committee on Mental Retardation (Century of Decision Series) is *"Mental Retardation . . . the Known and the Unknown,"* which suggests that although we have a considerable body of knowledge about mental retardation, there is still much to be learned in this area.

Public interest in this population is evidenced in legislation also

We are also challenged by state and federal legislation extending education downward into the preschool years and the determination of priorities such as serving the more severely handicapped, and attention to the unserved or underserved populations of children. In our attempts to serve some types of infants, we are, in a sense, moving into areas where our information is quite limited, for example, the increase we are seeing in the incidence of fetal alcohol syndrome and the abnormalities observed in infants of teenaged mothers. Thus we must not only attend to our work with these children and their parents, but we must be conscious of the responsibilities upon all of us to focus public awareness on some of these problems that could be prevented.

> In most areas of special education, we as special educators have to be concerned with *prevention.*
>
> *Hofmeister*

I share with you copies of a working paper I have used in providing technical assistance to projects working with young handicapped children. You will note that "A Technical Assistance Model for Developing Program Effective and Cost Efficient Handicapped Children's Early Education Programs" (see Appendix A) is marked as a Working Paper. It is meant to be just that. The figure at the end of the paper is designed to help project staff examine their own programs, to determine their strengths and weaknesses, and to assess their needs for technical assistance.

Not only are we confronted with new problems, and problems for which we do not yet have definitive answers, we are asked to be accountable for developing effective and cost efficient programs for the various populations we serve. None of us will deny that we should be professional, responsible, and accountable; thus we are endeavoring to use the best knowledge we have to provide technical assistance to programs seeking to replicate models that have been validated or proven effective.

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Training and Technical Assistance as Functions of Learning Resource Systems Serving the Severely Handicapped

Wayne Lance

SEAs are responsible for a comprehensive system of training and technical assistance

Among the foremost responsibilities performed within a learning resources system are the offering of training and technical assistance. P.L. 94-142 makes it abundantly clear that SEAs are to plan for and implement training and dissemination systems—in fact the law says a "comprehensive system." Learning Resource Specialists become key elements in assuring the delivery of training and technical assistance to teachers of the handicapped. Hopefully, in many instances, the Specialist will serve as a broker to bring the trainer together with the trainee—in other instances the Specialist actually becomes the trainer.

Some Guidelines Underlying the Delivery of Technical Assistance and Training

Ten guidelines for delivery of T.A.

1) Technical assistance and in-service training is most effective when delivered in a face-to-face situation on the home ground of the person requesting the assistance or training. Mobility on the part of LRC staff is essential.
2) To be effective, technical assistance and training can only be delivered within a reasonable geographic area and to a reasonable number of persons.
3) For maximum impact, those receiving technical assistance and training should be involved in the planning that leads up to its delivery.
4) Technical assistance and training from an LRC should be able to respond comprehensively across all areas of need and from a broad base of resources. It should not come from a narrow philosophical or pedagogical point of view.
5) Technical assistance and training must have an authority base supporting it. It is important how center staff are viewed by those being served. Credibility is based upon the demonstrated ability to deliver, and authority comes from this credibility. The authority base can be as much knowledge of resources and an ability to broker them as it can be staff competencies.
6) Persons receiving technical assistance and training should make a commitment to implement certain aspects of the training prior to receiving the assistance. A technical assistance or training agreement, in writing, should include the needs of the clients, the outcome objectives, the technical assistance actions or training procedures, criteria for measuring impact, responsibilities of both the provider and recipient, information about time commitments, and resources.
7) Technical assistance and training strategies should capitalize on the multiplier effect whenever feasible.
8) Inservice training should be an active rather than a passive process.
9) Maintenance of behavior acquired in technical assistance or training sessions requires sustained follow-through by the service provider.
10) Finally, effective delivery of technical assistance and training requires some means of assessing the impact of the assistance.

Personnel working in learning resource systems have an obligation to extend technical assistance and training services to teachers and parents of severely and profoundly handicapped children in order to meet the mandate of a free and appropriate education for all children.

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Competencies and Training Needs Assessment: Interrelationships for Personnel Preparation in the Area of Severely Handicapped

Dr. Lenny Kenowitz

There are basically three interrelated yet operationally distinct components of preparing personnel to work with the severely handicapped:

I Determining Competencies
II Needs Assessments
III Designing Training

> The needs of the severely handicapped differ from other handicapped children in some important respects. Thus our technical assistance and our training must reflect these differing needs.
>
> *Lance*

Determining competencies

The determination of requisite competencies is the initial step in designing any training program. Educators cannot self-delude any longer; competency-based training is the only viable and valid approach to training. There are perhaps two frequently used methods for determining competencies: (1) the informed committee and (2) field generated. Both methods, however, require intensive validation and field testing.

Informed Committee method

This method is used quite extensively in special education—especially at the pre-service university level. We have all been on either the receiving or developing leg of this approach. Typically, a group of informed individuals, such as teacher trainers, sit around and generate a list of required competencies for a specific job, such as teacher. These lists are then modified and collapsed into specific competencies according to discrete areas, such as assessment. Trainers then use these lists as a basis for field testing. They are usually presented to practioners and then reworked. Also, over a period of years they are modified and updated with varying degrees of field-based input.

Field Generated method

The field generated approach is a second extensively used methodology to generate competencies. This method employs practitioners who generate a list of tasks typically employed in carrying out their job specifications. These lists are then checked by consensus experts to determine whether they are contemporary and accurate. Once consensus is achieved, these competencies are field tested and modified as necessary.

Needs assessment

The second step in designing a training program is to conduct a needs assessment based upon the competencies developed in step one. There are typically three methods used in conducting needs assessments: (1) the mail-out approach, (2) the field-based approach and (3) the combinational method.

1. *The Mail-out Method*
   This method is perhaps the most commonly used method for assessing needs. Usually, the generated list of competencies is mailed out to the potential trainees, who are asked to do a sell analysis of their competencies. Trainees rate them-

selves on a scale, usually a 1-5 Likert scale, on their performance, based upon the competencies developed for their job specifications. Usually an open-ended section for a list of trainee-generated needs is also provided.

2. *The Field-based Approach*
With this method an individual or a team visits a site and uses a competency-based checklist as the foundation for determining training needs. The assignment teams conduct a natural or field-based observation of trainees and rate their job performance on the developed competencies. An analysis of performance of competencies is given some type of differential score, such as highly, moderately, or not competent.

3. *The Combinational Approach*
This method employs both approaches outlined above. A list of competencies is mailed out to potential trainees who do self-evaluations. A team then does a field-based competency evaluation, and in this way the accuracy of trainee self-ratings can be checked and a more accurate representation of trainee needs can be established.

A note of caution is important here, especially for those who will be designing and conducting training programs for professionals working with the severely handicapped and that is "ASSESSING THE NEEDS OF THE NON-INFORMED." Many practitioners working with severely handicapped children are simply uninformed about innovative programs, research, and/or technologies. Therefore a total reliance upon trainee-generated needs for training is a mistake. At least one "expert" should do some type of check on trainee-generated needs to ascertain their relevancy and appropriateness given the present level of educational know-how.

Designing training

Once competencies have been developed and needs assessed according to some type of competency-based analysis, it is a rather simple process to subtract the ideal competencies from the real. Once this list of need competencies is developed a training curriculum is essentially established. A ranking of training items is now crucial because of the limited financial and human resources and time available to do training. There are some emergency training needs that take precedence over others for those working with the severely handicapped, i.e., medical management and emergency care certainly should take precedence over a training session on community resources. Any designer *must* use some common sense in prioritizing training programs.

LRC personnel should be equipped to assist with the process of training

WHAT IS THE ROLE OF THE LRC PERSONNEL?
It is the LRC role to be "process" experts in the design and execution of competency development, needs assessments and training designs. It cannot be expected that any of us can provide training in the plethora of competencies required of professionals working with severely handicapped children. It can be an LRC role, however, in concert with resource persons in the Northwest, to conduct assessments and training programs—for perhaps in no other disability area is good training so necessary.

> If you are working in an LRC, a SEMAT, an ERC or whatever, how are you progressing in assembling the human and physical resources to meet this need for technical assistance, training, and materials support?
>
> *Lance*

AN ALL-IN-ONE APPROACH TO COMPETENCIES, NEEDS ASSESSMENTS AND TRAINING DESIGNS
Following is a step-by-step method whereby one can generate competencies, conduct a needs assessment, and rank order a training program. Interested persons may contact the author for more information.

Steps to a needs assessment

1. Interview trainee population and generate a list of trainee tasks.
2. Rewrite tasks into competency statements.
3. Cluster competency statements into categories.
4. Submit the competencies and categories to a recognized sample of experts and ask them to:

a. On a 1-5 scale rate the performance or importance that should be placed on that competency for an "ideal" person.
b. On a 1-5 scale rate the actual performance or importance actually placed on that competency for a measure of "real" performance.

5. Analyze the data using means and standard deviations in order to generate priority training needs based upon statistical discrepencies between "IDEAL" and "REAL" ratings.

By using this method competencies are generated, a needs assessment is conducted and training items are prioritized.

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Planning, Conducting, and Evaluating Workshops

Forest J. C. Hertlein, Ph.D.

Planning

Plan cooperatively with workshop participants

One of the major goals of in-service training is staff development. The probability of achieving this goal is often increased if the workshop director allows (or demands) sufficient time to obtain *cooperative feedback* during planning and development activities. Cooperative feedback involves systematic *negotiation* with representatives of the intended workshop target audience to help answer questions related to the design and delivery of training. Questions that are open for negotiation and varying opinions include:

a) "What is to be accomplished as a result of training?"
b) "How do you know when you accomplish it?"
c) "How can you best accomplish it?"

Negotiation is characterized by:

a) *Local Participation:* Randomly select a representative sample of prospective participants and decision-makers to involve in an exchange of ideas. Time should be allowed for ideas to sink in and for discussion relevant to the topic to be generated.
b) *Personal Meetings:* Group meetings can be helpful—two at the most. Telephone or individual visits prior to a group meeting will aid in preparing an agenda and possibly uncover unexpected problems and concerns related to the proposed training.
c) *Facilitation:* The workshop planner must be willing to fade into the background and encourage others to voice their concerns and demonstrate their competencies.

Including negotiation as a part of workshop planning requires time. However, the effort will often yield clearer training goals, more meaningful evaluation strategies, and more efficient use of the resources available to in-service trainers.

> For maximum impact, those receiving technical assistance and training should be involved in the planning that leads up to its delivery.
>
> *Lance*

Preassessment

Preassessment will aid in structuring the workshop

The purpose of preassessment is to determine the skill and/or awareness level of a sample of prospective participants prior to training. Preassessment should not be confused with pre/post-testing, which is used to determine the impact of training. Preassessment is designed to yield information that will be helpful in the planning of training and (hopefully) improve the quality of the workshop.

Preassessment should sample the following areas:

a) *Previous exposure to training content*
This can be determined by constructing items that evaluate participant knowledge, performance (skills can also be documented by on-site visits), and attitude (give participants an opportunity to react to training by expressing their values). If pre-

assessment discloses that participants lack basic content or skills, time frames must be modified. For example, more time may be necessary on introductory materials to make sure a secure foundation is developed before advancing to more technical topics.

b) *Specific personal needs*
Assessment allows participants an opportunity to express personal needs related to intended workshop objectives. Common concerns or problems may be disclosed and used as examples during training. Davis and McCallon (1974) have found that relating training to specific problems expressed by participants significantly increases interest as well as classroom implementation of workshop content.

c) *Local teaching environment*
An attempt should be made to become aware of local circumstances in order for planners to develop a more realistic workshop. Assessment items, therefore, should be designed to determine if resources necessary for implementation of training objectives are available to participants.

d) *Potential multiplier effect*
The Dissemination Change Agent Model (refer to Appendix A) is a training strategy designed to facilitate spread-of-effect by having participants return to their school and serve as trainers. Samples of DCA screening strategies are included in Appendix A for your reference.

Evaluation

Evaluation is critical for future planning

Post-workshop evaluation techniques should be designed and analyzed to yield useful information for future planning. Consideration of the following elements when designing evaluation items and instruments may result in a more productive workshop evaluation:

a) What are participants' reactions to facilities, personnel, resources, activities, etc.? These items may help identify and eliminate problems such as activities that are judged irrelevant or have little value for carryover into the classroom.
b) What new competencies were acquired as a result of in-service training?
c) What is the frequency and quality with which participants exhibit the new competencies?
d) What barriers must be removed or resources acquired to make sure that the results of training can be implemented?
e) What evidence is available that documents a link between newly acquired competencies by participants and impact upon students?

The results of an evaluation can be both beneficial to you in your planning and as evidence to school boards, SEAs, and others that technical assistance and training do make a difference.

Lance

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Summary: Models for Planning and Delivering Technical Assistance to LRC Clients

Ethel Bright

Definition

Technical assistance (TA) may be defined as help from an outside agency designed to improve the competence of educational service delivery personnel by increasing their management, organizational or program skills, and/or their available information, relative to their multiple tasks of educational service delivery to students.

Technical assistance involves the transfer of specialized knowledge, skills, information, and technologies from one system to another—usually from a TA system (or a resource system) to a definable client system (or user system).

The main goal of any TA event (or sequence of events) is to solve the client's immediate or long-range problem as mutually defined by the resource and user systems. Ideally, one of the long-range goals of TA is to develop the necessary skills and competencies within the client system to enable it to define and solve its own problems.

> A teacher, or group of teachers, receiving assistance can often reproduce what they have learned in a group of their peers if this is planned for from the beginning.
>
> *Lance*

Assessing the ability to deliver technical assistance

A technical assistance system must draw upon outside resources

The basic components of the technical assistance system are a set of closely interacting content areas including *program planning and evaluation, information and media, organizational development, critical content areas* (curriculum, information on handicapped children, legislative and legal information, etc.) and *resource development*. This closely interacting set of components requires unique staffing characteristics in that each component must be populated by well trained and experienced staff in a specified area who must also perform an administration/communications role by participating in the overall outreach and technical assistance delivery activities of the system. The components must be augmented by a talent bank or human resources network of part-time consultants from a variety of specialty areas in order to meet the special needs that may arise from the interaction between the technical assistance system and its client organizations. The central leadership of the system requires good internal planning, budgeting, and program implementation supports in order to assist the leadership and component staff members in the development and successful completion of the technical assistance cycle.

Some organizational characteristics of the system will be determined by the structures that lie *within* the client organization. Some will be determined by those *between* the client organizations and the technical assistance system.

The structure and function of an effective organization is a combination and balance of (1) a design to implement strategies for specific goals and objectives and (2) a design to accommodate, adapt to and/or adjust to political and logistical features of the landscape on which the organization must operate.

A great deal of time and effort is usually spent on the first aspect or the "internal locus of control" features. However, not enough time is spent on the second aspect, the "external locus of control" features.

The TA agency operates within certain limitations

A technical assistance agency should provide only those services which require skills not included in the permanent functions of the client organization. The TA agency may not necessarily respond to all activity needs. Three factors limit the kind and number of activity needs the TA agency can respond to:

1) The mission or "workscope" of the TA agency.
2) The resources of the TA agency.
3) The willingness and/or ability of the client organization to accept the services of the TA agency. The client organization must be free to choose the TA services it will accept if the services are to be effective.

These same factors also limit the range of activity needs of the client organization. The TA provider and receiver can work together to satisfy only those activity needs which are within the workscope and resource limits of both organizations and which both are willing to pursue.

Determining the TA needs of clients

Needs for TA must be defined

At the beginning of any TA relationship, both the TA and client systems must collaboratively find out what the client's problems are and translate them into a series of goals and objectives. Setting up such goals and objectives helps to develop mutually compatible expectations between the TA and client systems regarding the mode, scope, and possible effectiveness of any assistance. These goals and objectives also help build evaluation criteria into the TA process from the very beginning and when finally met provide a basis for terminating the relationship or negotiating a new one. Including the client in the overall TA process is also important for developing a sense of ownership in the change or innovation. This sense of ownership and responsibility is important for the initial acceptance of change as well as its long-term success.

> Ed Martin made the point very well when he said teachers want the opportunity to sit down frequently with a fully trained specialist who can give assistance.
>
> *Lance*

In the relationship between the TA agency and its client, needs assessment serves to define the kinds of services which the TA agency might provide to the client. This process entails roughly the following steps:

1) Defining the client organization's program goals;
2) Assessing the client organization's program needs;
3) Assessing the client organization's program resources;
4) Determining which program needs are unmet;
5) Defining activity needs;
6) Assessing the client organization's activity resources;
7) Determining which activity needs are unmet;
8) Determining which activity needs require permanent resources and which require only temporary resources;
9) Determining which activity needs can be fulfilled through the services of the TA agency.

Although only a few of the needs identified in this process may be appropriate for the TA agency to respond to, it is important for the TA agency to be aware of all of them and the process by which they were identified. Only with this awareness can the TA agency understand fully the nature of each activity need and how the TA agency's services "fit in" and support related activity and program needs of the client organization.

Developing a clearly specified TA agreement

A format for TA agreements has been adopted by the Mid-East Learning Resource System (MELRS). The TA Agreement (TAA) is a document describing an agreement between MELRS and a state education agency, state learning resource center (LRC), regional LRC, local LRC or other agency to provide assistance of some kind. Each of the sections is described in Appendix A.

Determine, with the client, strategies for TA

Options for TA delivery

Any of the following problem-solving and helping activities or methods can be employed individually or in combination by a TA group with its client:

1) Print/Audiovisual Products
2) Consultation
3) Workshop-Courses
4) Field Trips
5) Cash Resources-Contracts
6) Temporary Personnel

These are the six major helping means or methods for delivering TA services. Each has its own integrity, advantages, disadvantages, cost, and manpower requirements. Products, consultation, and workshops seem to be the delivery methods most frequently used by TA agencies and clients. This is followed by case resources/contracts, field trips, and providing temporary personnel support.

As has been stated earlier in this paper, delivery must be synchronized with the other phases of technical assistance. Hence, it is important to remember that this activity (along with the others) is closely aligned with the process of communication. That is, the TA agent must be viewed as a facilitator and linking mechanism which is working and communicating with the client in generating and solving problems through various available delivery means.

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Evaluating Training and Technical Assistance for the Severely Handicapped

Glenn Latham

Evaluators must be aware of current "best practices"

When evaluating services or programs for the severely handicapped, it is no longer permissible to establish program adequacy on the basis of how clean, warm, well fed, and generally content the clients are. Research and experience have brought to light a body of knowledge and techniques which, when combined, can result in dramatic changes in the behavior, general well-being, and independence of the severely handicapped. An evaluation of programs serving such persons, therefore, must attend to the extent to which that body of knowledge is evident and impacting on those being served.

> Effective delivery of technical assistance and training requires some means of assessing the impact of the assistance.
>
> *Lance*

Aside from the technical and interpersonal skills that any competent evaluator should possess, evaluators of programs serving the severely handicapped must be aware of several important concerns and characteristics which are peculiar to the training and technical assistance needs of the severely handicapped:

I. Training

A. Curriculum Emphasis

Whereas training of the mildly handicapped has typically focused on those educational areas listed in column (1) below, programming for the severely handicapped must be more concerned with those training areas listed in column (2).

(1)	(2)
Readiness for achievement in:	Responses to environmental stimuli
Reading	Head and trunk balance
Writing	Sucking
Arithmetic	Chewing and swallowing
Social skills	Grasping
Vocational skills	Movement of body parts
	Vocalization
	Imitation
	Language acquisition
	Self-feeding
	Ambulation
	Dressing skills
	Toilet training
	Social/recreational behaviors
	Functional academic skills
	Vocational skills

B. Materials

Although few, there are commercially prepared materials intended specifically for the severely handicapped. To fill the materials void, training programs for

the severely handicapped often need to devise their own adaptive/facilitative training aids that are peculiar to the needs of a particular child.

C. Facilities and Equipment

Facilties and equipment for the severely handicapped should reflect an environment substantially *unlike* a typical school classroom situation. Prosthetic devices, architecturally barrier-free buildings/rooms, aids to mobility, etc. are absolutely necessary for training the severely handicapped.

D. Staff Qualifications

As noted in A, above, the training/educational emphasis is markedly different for the mildly handicapped as compared with the severely handicapped. Complicating this difference in training/educational emphasis is a similar dichotomy of oft-cited behavioral characteristics as noted in columns (1) and (2) below:

(1)	(2)
The Mildly Handicapped	*The Severely Handicapped*
Inattentive	Self-mutilation
Short attention span	Head banging
Easily distracted	Flesh chewing
Limited interests	
Marginal interpersonal skills	Handling of human waste
etc.	
	Bizarre vocalizations*
	Crying
	Screaming
	Laughing
	Wailing
	etc.
	Bizarre motor behaviors*
	Staring
	Rigidity
	Pacing
	Rocking
	Jumping/Hopping
	etc.

*Exhibited for no apparent reason; lacking a cause-effect relationship.

Given such behaviors, those working with the severely handicapped need specialized skills, particularly in such areas as behavior modification, task analysis, behavior management, student assessment, instructional materials, to name a few.

E. Parent/Family Training

For obvious reasons, programs serving the severely handicapped must be as concerned with the family of the individual as with the individual him/herself.

II. Technical Assistance

Given the state of the art relative to serving the severely handicapped, it is becoming increasingly important that those persons assisting programs providing such services be both experienced in working with the severely handicapped and aware of the body of relevant knowledge that has been accumulated via scientific study and research.

> Technical assistance and training . . . should be able to respond comprehensively across all areas of need and from a broad base of resources.
>
> *Lance*

Persons providing any services to the severely handicapped should be carefully selected on the basis of their scientific and experiential competencies, not simply on the basis of tender smiles, warm hearts, and a deep sense of concern. Common sense approaches to serving the severely handicapped have had their day and it is now time to employ techniques and procedures that are founded in scientifically derived data.

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The Role of Training Institutions in the Preparation of Teachers for the Severely Handicapped

Robert Schwarz

Teachers need competencies for working with the severely handicapped which are not available at most training institutions

Both state legislation and P.L. 94-142 have mandated free public education, with individualized educational programs in the least restrictive environment for all children. If we are to train teachers to operate in least restrictive environments, and that probably means very few children will remain in segregated schools, the teachers must be prepared to cope with the wide range of problems which can result from efforts to integrate and normalize. The skills needed should not be determined through some intuitive effort on the part of a faculty member but should reflect the joint opinions of university and local educational agency staff arrived at in an empirical manner. Unfortunately, this is seldom the case. Most teacher competency lists merely reflect the opinion of the person(s) developing the list.

Despite sincere efforts on the part of many dedicated people, universities have not always produced outstanding personnel and have not always been sensitive to the needs of local educational agencies and school districts.

> Inservice training is a responsibility of colleges and universities; they must divest themselves of outmoded entanglements with 12 or 18 week time frames, inflexible credit hour arrangements, only on-campus instruction, inflexible tuition systems, traditional teaching methods, intra-institutional incestuousness, and whatever else hinders the faculty from getting out into the state and providing the training where it is needed. *Lance*

As regards the training institutions' output we have some small defense in that we have relatively little to say about the input. We take those who enroll and do what we can to turn out a quality teacher. Sometimes the student simply isn't interested or is really unable to do the job necessary. Then, rather hard decisions must be made. In this process of turning out teachers most schools have not made these decisons. The only chance to appraise the student in a realistic setting is during the practicum experience and many marginal performances are accepted—with some misgivings— but accepted. The end result of the process is that there are many excellent teachers in the field—and some very inadequate people. Along with everyone else in the hierarchy, the universities must accept their fair share of blame every time a teacher fails in a school setting.

The question then becomes—what are the universities going to do about it? The current effort at the University of Oregon may offer something of utility for your particular state.

Oregon has developed a new approach

For the past several years there has been general unrest in Oregon concerning the categorical approach to special education: the student enrolls and must decide if he is interested in the mentally retarded or the emotionally disturbed. Along with most schools there have been the typical methods courses (e.g., Introduction to Teaching the Mentally Retarded; Introduction to Teaching the Emotionally Disturbed; Introduction to Teaching the Physically Handicapped). Each course was for 3 credits and the overlap in content was extensive. After a number of false starts and maneuvers, the State Teacher Standards and Practices Committee determined that a new system would come into being with only two categories—the mildly handicapped and the severely handicapped. As might be expected,

the mildly handicapped program was designed to prepare teachers of children who were amenable to some form of academic mainstreaming. The focus was on the child with mild mental retardation or the child with a learning disability. The severely handicapped category was aimed primarily at the child usually found in TMR classrooms plus a small number of children who have severe emotional or physical problems. As part of the process of developing standards in these areas the univeresities were invited to participate in meetings and provide ideas as to the type and extent of training necessary to be a teacher in either area. All participated and when the basic requirements were established, as might be expected, no one was completely satisfied. Nevertheless, rules were promulgated and it was then up to each university to submit a program that would enable its graduates to meet the standards determined important.

> Certainly one major deficit area at this point in time is that most teacher training institutions do not engage in specific techniques for improving classroom management skills.
>
> *Fredericks*

A program to train teachers of the mildly handicapped . . .

The university now has in process a pilot program in dual certification. Teachers will graduate in four years with a degree in elementary or secondary education and sufficient course work and practicum training with the mildly handicapped to permit an appropriate endorsement to their basic certificate. The stress is on training a teacher prepared to work in a mainstream setting with a wide range of children—some of whom may be slow to learn for one reason or another.

And a program to train teachers of the severely handicapped

With this mention of mainstream education it is fitting that we move on to the program for training teachers of the severely handicapped. It is our contention that to the degree possible, these children are to be integrated into public education. This means a public school classroom. We recognize that many teachers are fearful of having a severely mentally retarded child assigned to their classroom and we can only hope these fears are unjustified. When we call for education in the least restrictive environment, we do not mean placing a severely mentally retarded adolescent in the English history class in high school. Conversely, we do not mean placing these children in segregated schools out in the country. The teachers we prepare should expect to work in a regular school building. Their children will be with those thought to be normal on the playground, during lunch, and if possible, for activities such as art and music. The questions then become, what type of candidates will we admit to the program and what kinds of coursework and practicum experience must we provide. At this time we are still in the early stages of program development but it has been decided that we will accept no more than 12 new students in the severely handicapped program each year. We fully expect to have many more applicants but only those with documented experience with the severely retarded will be accepted. This experience can be as a paid or unpaid aide or volunteer, but in any event, the student must have had some experience. Further, the candidates need not have a regular teaching credential. For example, some candidates have a degree in psychology and bring with them an excellent background in behavioral methodology.

Approximately 55 credit hours of coursework are involved with the emphasis on teaching skills, language acquisition and practicum experiences. Those interested in specific course descriptions should write to Dr. Knute Espeseth, Teacher Education Division, College of Education, University of Oregon, Eugene, Oregon 97403.

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A Training Packet for Parents, Aides, and Teachers of Deaf-Blind Multiply Handicapped

Gary Yarnall

Needs data indicated specific skills parents wanted to teach their children

The development of the training packet for parents and teachers of the deaf-blind multiply handicapped was a result of a needs assessment survey conducted in the state of Ohio. Those surveyed identified three critical problems they were experiencing in dealing with the deaf-blind multiply handicapped. Specifically, the three questions they wanted answers for were: 1) how do we deal with self-stimulation? 2) how do we teach language and communication? and 3) how do we toilet train these children?

> Parents of the severely handicapped require more of our support than is true of many parents of more mildly handicapped children.
>
> *Lance*

Funds were acquired (Title VI-D) and assistance was provided by the Ohio State Department of Education, and work began on the project. More recently, Title VI-C funds and guidance have come from the Midwest Regional Deaf-Blind Center to continue and upgrade the training packet.

All components of the training packet are based upon the principles and procedures of applied behavior analysis. The packet is a self-contained multi-media, audio-visual product available to be checked out from area resource centers by parents, aides, and teachers of deaf-blind, autistic-like, and multiply handicapped children. The four components of the packet are:

1) An Introduction to Applied Behavior Analysis
2) Elimination of Self-Stimulation
3) Development of Pre-Language and Language Skills
4) Toilet Training.

Each of these four component areas includes: written competencies, pre- and post-tests, reading assignments, review of reading asignments, answers to pre- and post-tests, pertinent handout materials, and study guides to be followed and used by each of the training participants.

Training packages are self-instructional—a plus for parents

All of the training packet instructions, topics, reading assignments, tests, reviews, and applied teaching project assignments are on coded sequenced cassette tapes which pace the participant through the entire packet. Slides accompany the tapes and are matched in code and sequence order. The packet is intended to be a self-contained entity, to be used independent of outside consultants.

Parents and teachers have since identified other pertinent topic areas which can be added as additional components. Some future components may include: "Orientation and Mobility for Deaf-Blind, Multiply Handicapped," "Self-Help Skills," and "Activities for Teaching Pre-Academic Skills."

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Using an Integration Specialist to Facilitate Integration of Severely Multiply Handicapped Students

Connie Ray and Penny Couse

> There is a strong move to locate programs for the severely handicapped in the regular public school systems.
>
> *Hofmeister*

Integration of severely multiply handicapped students into public school programs has gained increasing support in recent years. The impact of P.L. 94-142 will cause school districts across the nation to seek an appropriate model for integrating severely handicapped students into the public school program. The integration model might include any one or more of the following:

Integration can take many forms

1. A self-contained special classroom housed in a public school.
2. A resource room model with social integration in specific classrooms.
3. A part-time regular class placement for specific areas of the curriculum.
4. A regular class placement with special therapy sessions (Speech, O.T., P.T.)
5. A regular class placement with consultative services to the classroom teacher.

When determining an appropriate model for integration of the severely handicapped, three issues must be considered: the needs of the classroom teacher, the special needs of the severely handicapped student, and the non-handicapped students.

Many classroom teachers are excited and challenged by the prospect of having a severely handicapped student in their classroom while other teachers are justifiably hesitant to take a severely handicapped student. Most teachers have a classroom of twenty to thirty students with diverse needs, abilities, and skills. The addition of a severely handicapped student may seem like an impossible burden to most teachers who are spending hours each day planning for their non-handicapped students.

An integration specialist removes the burden from the regular classroom teacher in many ways

If a severely handicapped student is to be placed in a regular classroom, the following needs must be met for that teacher:

1. *Information,* such as explanations of the handicapping conditions: Cerebral palsy, spina bifida, muscular dystrophy, etc. What causes it, how does it affect the student, is it progressive, what can the student be expected to do, what will happen to the student in the future?
2. *Support Services,* such as:
   a. Assistance from an aide or volunteer who will help a student in getting in and out of his wheelchair, assist with bathrooming and eating, prepare adaptive materials, set up special equipment or assist with any special needs the student has which would interfere with the teacher's instructional time.
   b. Therapists and specialists who will provide special therapy or programs needed by the severely handicapped student. This may include physical therapy, speech therapy, occupational therapy, visual training, etc.
   c. Consultants to give input on adapting materials, adapting activities, obtaining special equipment and/or meeting the emotional needs of the severely handicapped student.
3. *Adapted materials and/or equipment* must be provided for the teacher to use with the student who cannot work independently without them. Typewriters with

shields, paper holders, pencil grips, special stencils, stamps, and weighted bracelets may be necessary for the students who cannot complete written assignments without these aides. Classroom desks and chairs may have to be altered for the physically handicapped student and the student confined to a wheelchair. Adapted materials (such as large-print books, cassette tape recorders, workbooks with plastic shields, etc.) may need to be prepared or provided for the classroom teacher.

4. *On-going follow-up and evaluation* is essential for the classroom teacher. Regular contacts by the integration specialist provide the needed lines of communication between the classroom teacher and the resources s/he needs. Observations by the integration specialist provide continuous evaluation of the appropriateness of the placement, the severely handicapped student's skills, and special needs of the classroom teacher.

The severely handicapped student also benefits from the integration specialist

The severely handicapped student has many special needs: emotional needs (accepting his or her handicap, making friends, having responsibilities, etc.), physical needs (assistance moving around the classroom/school, bathrooming, eating in the lunch room, communicating, etc.), and needs for special materials and equipment (wheelchairs, typewriters, large-print books, etc.). Many severely handicapped students will require specific training in classroom survival skills. In order to function successfully in a regular classroom the handicapped student must be able to:

1. Complete seatwork assignments independently.
2. Raise his/her hand and wait for teacher's attention.
3. Follow group instructions without demanding individual instructions.
4. Work cooperatively with peers in small groups.

The integration specialist designs and manages behavior modification programs to teach the severely handicapped student these skills.

On the playground handicapped students need to be able to interact with non-handicapped peers. Even the non-verbal can be taught to respond appropriately when spoken to, by smiling, frowning, laughing, etc. Students who are mobile must be taught to move around the school independently and arrive at apppropriate places on time. Children who are in wheelchairs need to learn to accept help when they need it, but *refuse* it when they do *not* need it. This is often difficult for a child who is eager for attention and friendship, but it is essential if the child is to maintain or develop hs physical abilities.

The integration specialist helps other students accept the handicapped child

Severely handicapped students are often capable of joining in games and other activities if they are adapted to suit their limitations. If they are verbal, they can be taught to suggest adaptation to other students. If they are not able to do this, a specialist may train the non-handicapped students to include the multiply handicapped student in their play.

The physical proximity created by integration does not always produce social acceptance and interaction. Integration is not automatically a successful, pleasant experience for the handicapped student. In a society that places high value on physical attractiveness, athletic ability and success, it is not surprising that students may need help to accept and like the handicapped child.

Much can be done to promote acceptance by explaining the handicapping condition. Students have many questions about what is "wrong" with the handicapped student. For example, how did he get that way, is it catching, will he get better? These questions can be dealt with directly by the teacher or integration specialist, or if possible, the student himself. Other sources of information (movies, film strips, library books) can help augment what is gained in class discussions. Accurate information will help allay unfounded fears and provide a basis for understanding the strengths and weaknesses of the handicapped student.

Once students have accurate knowledge about the handicapped student's general abilities, they are then ready for specific suggestions on how to include the handicapped child in classroom, physical education, or recreational activities. The integration specialist can provide adapted materials or equipment and suggest ways to alter rules so that the multiply handicapped student can participate. Learning *how* to interact with severely handicapped students in structured activities is a good way to increase their inclusion in recess and other free-time activities.

The development of empathy and understanding is another important need of most stu-

dents. Many teachers already use one or more of the available programs in this area (Developing Understanding of Self and Others, T.A. for Tots, Human Development Program, Values Clarification). The integration specialist can suggest ways to incorporate discussions about the handicapped student and his needs into these programs. In addition, "as if" experiences, in which the students assume the role of the handicapped, can be very effective in developing empathy and understanding for the handicapped student's feelings.

The integration specialist can be a valuable resource for both teacher and student during all stages of integration. The initial stages of placement are the most obvious time for effective intervention by the integration specialist. On-going follow-up and evaluation are equally important to identify and remediate problems.

If integration is to work, the teacher needs support

It is our belief that classroom teachers who integrate handicapped students should have assistance, support or consultative services. There are many programs which will not be able to hire an integration specialist or a resource specialist; therefore special educators in the public school setting can be viewed as potential resources for this role, with appropriate training.

> If we apply usual manpower resources and management procedures to the severely handicapped, we end up with little more than a babysitting service.
>
> *Hofmeister*

Special education teachers need to update their skills and be sure that *they* have knowledge of different handicapping conditions. Hopefully, the training institutions planning generalist norms will meet this need.

Training volunteer aides to assist teachers who integrate handicapped students can save valuable teacher instructional time. Of course, someone has to be available and knowledgeable in training aides.

If handicapped students are to be successfully integrated into public school classrooms, program planners and administrators need to address their attention also to the needs of the classroom teacher and his or her non-handicapped students.

Connie Ray and Penny Couse
Douglas County IED
1871 N. E. Stephens
Roseburg, Oregon 97470

Appendix A

Support Materials for Concurrent Sessions

Support Materials for . . .

Architectural Barriers: Awareness and Planning

#	TITLE	CONTENT	HOW TO ACQUIRE
4	LINDA	Stay at Rehabilitation Institute of Oregon (RIO) for a paraplegic	Rent for $3.00 through Olivia Younker at RIO—229-7151
1	Changes	Psychological and physical changes gone through by a para or quad. Some architectural problems dealt with	Through Olivia Younker at RIO—229-7151
1	Touching	A quad having a sexual relationship	Through Sue Sakai at Good Samaritan Hospital—229-7010
1	Just What You Can Do	Discussion on sexual relations by couples with one of the partners a quad or para	Through Sue Sakai at Good Samaritan Hospital—229-7010
1	Beating the Averages	Architectural barriers shown and some solutions	By writing Washington, D.C. Library General Services
1	Lost Creek	A para in a campground made for the handicapped	Write: Neely Taylor c/o Koinonia House, 633 S.W. Montgomery, Portland, Or. 97201
1	Paraolympics	Olympics for the handicapped	Through Olivia Younker at RIO—229-7151
1	Flying Outriggers	Handicapped skiing	Through Olivia Younker at RIO—229-7151
	(May films available)	Sexual films, desensitization and special interest films for or about the handicapped	For *catalog* write: Multi-Media Resource Center, San Francisco, Calif. 94108
3	Amputee Skiing Films		Through Olivia Younker at RIO—229-7151
1	Wheelchair Basketball	Handicapped playing basketball	Through Olivia Younker at RIO—229-7151
1	Blood Pressure	Used with the Dukane projector	Through Nursing at RIO—229-7916
1	Urinary Cave	Used with the Dukane projector	Through Nursing at RIO—229-7916
1	Transfer Activities and Ambulation	Used with the Dukane projector	Through Nursing at RIO—229-7916
1	Urinary Catheterization (Male and Female)	Used with the Dukane projector	Through Nursing at RIO—229-7916
1	Care of Patient with Head Injury	Used with the Dukane projector	Through Nursing at RIO—229-7916

WALKWAY ACCESSIBILITY

University of Oregon

A Diagnosis Report

University Planning Office-1976

This report presents the results of a survey of accessibility to handicapped persons of walkways on the University of Oregon campus. Material presented includes a description of the location, the type of walkway access facilities, an identification of deficient facilities and suggestions for correcting found deficiencies.

Although some walkway modifications need to be made throughout the campus, a few areas are particularly deficient in walkway access facilities. In the area between the Law School and Villard Hall, the lack of curb cuts severely limits wheelchair or bicycle traffic. Curb cuts need to be installed in several locations in that area (Area B). The area immediately west of the University Library also needs new curb cuts to provide for a reasonable degree of circulation, and three are suggested in that vicinity (Area D). Finally, additional ramps are needed to allow direct passage between Johnson and Gerlinger Halls (Area D).

Accepted standards for curbs cuts and asphalt built-up ramps stipulate that these facilities be constructed so as to provide a one-half inch lip at the point the cut or ramp meets the street. This feature is to provide an indication of the facility's presence to blind persons. Only a few of the University's curb cuts and none of its asphalt ramps are constructed in this way. Since virtually all of these facilities are deficient in this respect, no special indication of that deficiency is shown on the tables or maps that comprise this report.

It is unreasonable to expect that all of the needed curb cuts will be installed at one time, and in order to establish some system for assigning priorities to the installation of walkway access facilities, the Campus Planning Committee has approved the following criteria:

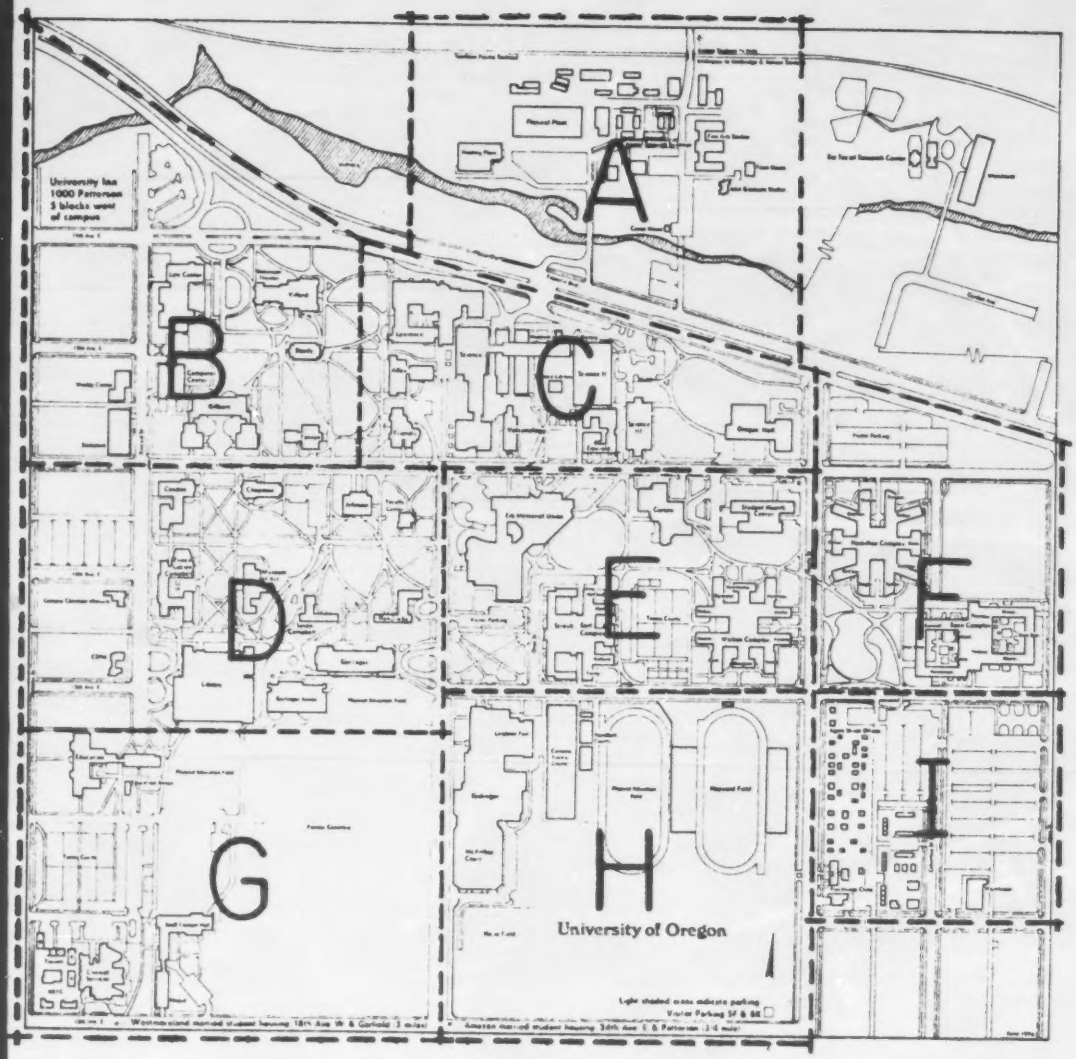
1. Intensity of use of general area served by curb cut.
2. Bicycle usage in area.
3. General pattern of pedestrian, wheelchair traffic movement, both existing and desired.
4. Buildings and areas supporting curricula which attract handicapped students.
5. Access to and through accessible buildings.
6. Access to buildings not yet accessible but considered for renovation or for independent development of access.
7. Cost of various alternative locations.

A subsequent report containing staff priority recommendations will present information of this nature.

This is the first of a series of diagnosis reports related to access to University facilities by handicapped persons. Subsequent

reports in this series will deal with basic access to University buildings, access to University parking facilities and access to and usability of areas and facilities within University buildings. Other series of diagnosis reports will be concerned with different aspects of the general condition of the campus, and with specific development objectives of certain portions of the campus. Together these various diagnosis reports will provide current information for use in making judgements on repair and modification of the University's facilities and grounds.

Material in this report was developed by Mr. Darrel Ackerman of the Planning Office staff. Representatives of Alert, the student organization concerned with the problems of physically handicapped students on the University of Oregon campus, provided Mr. Ackerman with suggestions and guidance. Their contribution to this report is gratefully acknowledged.


A
B
C
D
E
F
G
H
I
University of Oregon

WALKWAY ACCESS
Existing Facilities, Nature of Deficiencies
And Suggested Corrections
University of Oregon Campus
1976

Map Key		Type of Facility				Code Violation (if any)		Suggested Correction of Deficiency	
Area	Location	Curb Cut	Asphalt Builtup Ramp	Sidewalk To Driveway	Drive-way	Slope**	Width	New Curb Cut	Other
C	1		X			10°			Legal curb cut
C	2		X			10°			" " "
C	3							X	
C	4							X	
C	5		X			9°			Legal curb cut
C	6		X			9°			" " "
C	7			X	X				
C	8			X	X				
C	9							X	
C	10		X			11°			Legal curb cut
C	11		X			45°			" " "
C	12		X						
C	13		X						
C	14	X				9°			Legal curb cut
C	15	X							
C	16	X							
C	17			X	X				
C	18	X							
C	19	X							
C	20	X							
C	21	X							
C	22	X							

** Legal slope maximum 8°.

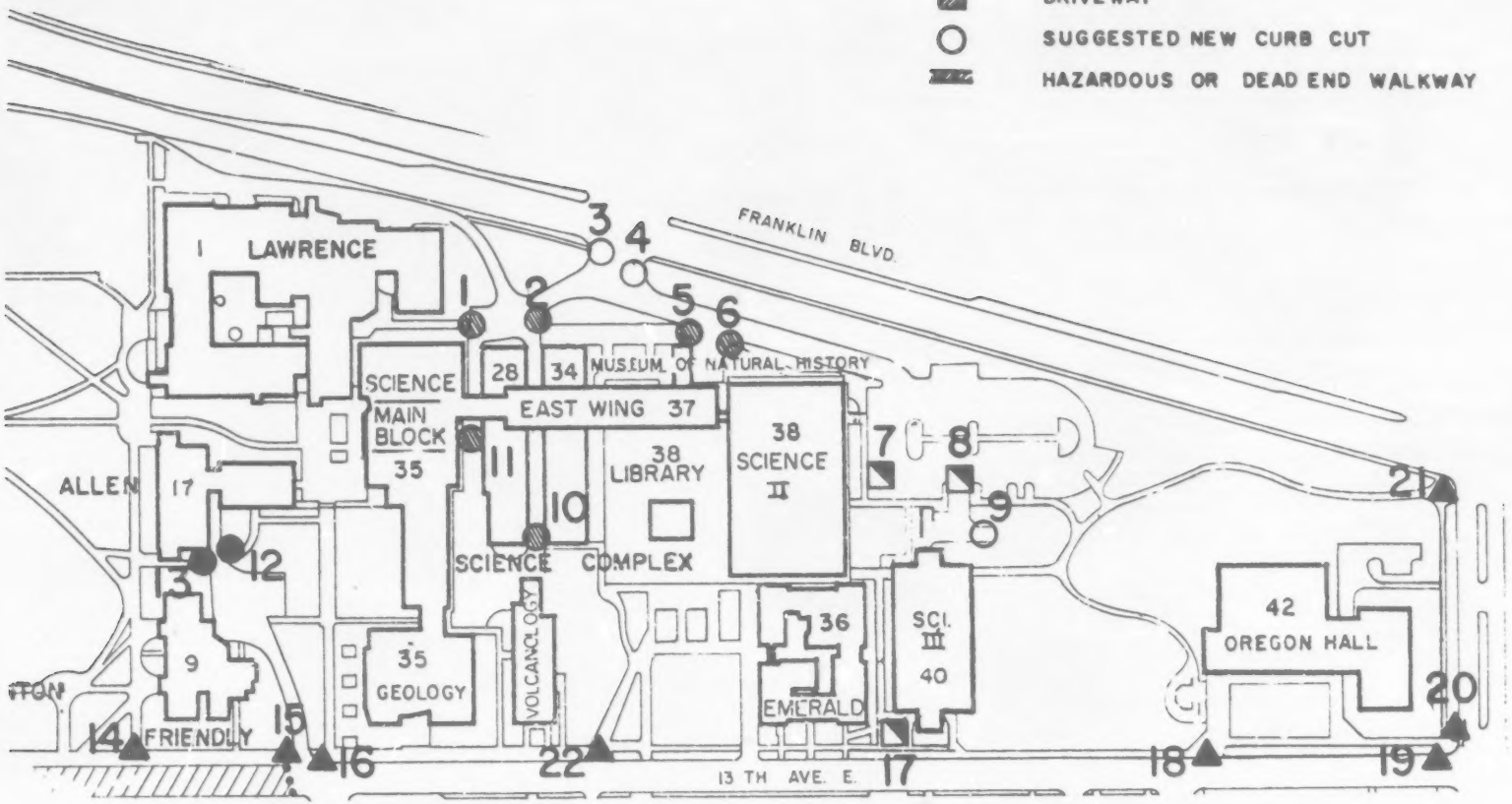
C

FACILITIES MEETING STANDARD

- CURB CUT
- ASPHALT BUILT UP RAMP
- DRIVEWAY

DEFICIENT FACILITIES

- CURB CUT
- ASPHALT BUILT UP
- DRIVEWAY
- SUGGESTED NEW CURB CUT
- HAZARDOUS OR DEAD END WALKWAY



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84

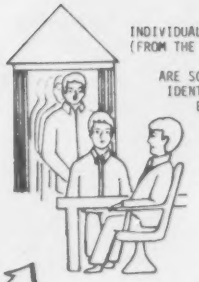
Support Materials for . . .

One Regional Community's Model for Integration of Persons with Moderate to Profound Handicaps

REGIONAL COMMUNITY'S MODEL FOR INTEGRATION OF PERSONS WITH MODERATE TO PROFOUND HANDICAPS

REFERRALS COME FROM OTHER STATE MR FACILITIES AND FROM THE REGIONAL COMMUNITIES.

Referrals



INDIVIDUALS IN INSTITUTIONS (FROM THE SOUTHEASTERN REGION) ARE SCREENED TO IDENTIFY CANDIDATES FOR EARLY TRANSFER.

MOST CASES ARE REVIEWED BY COMMUNITY FOCUS TEAMS TO IDENTIFY INDIVIDUAL NEEDS AND LOCATE COMMUNITY SERVICES TO PRECLUDE INSTITUTIONALIZATION, OR TO DEVELOP A DISCHARGE PLAN AND MAKE A REFERRAL TO SEVTC.

SEVTC

ALL REFERRALS ARE SCREENED BY AN SEVTC ADMISSIONS COMMITTEE TO INSURE APPROPRIATENESS OF THE PROPOSED PLACEMENT AND PROGRAM AVAILABILITY.

JUDICIAL REVIEW

PRIOR TO AN ADMISSION FROM THE COMMUNITY, A DISTRICT COURT JUDGE CERTIFIED THAT THE ADMISSION IS AN ACCORDANCE WITH INDIVIDUAL RIGHTS TO RECEIVE SERVICES IN THE LEAST RESTRICTIVE ENVIRONMENT POSSIBLE.

IN MOST CASES A BEHAVIORAL CONTRACT IS WRITTEN TO SPECIFY CRITERION FOR THE INDIVIDUAL'S RETURN TO THE COMMUNITY. THIS INVOLVES THE FAMILY, THE FOCUS TEAM, AND SEVTC.

FORMAL ADMISSION

Then MEDICAL EXAMINATION

A MEDICAL EXAMINATION IS CONDUCTED..

AND THE SEVTC INTERDISCIPLINARY DIAGNOSTIC TEAM EVALUATES THE INDIVIDUAL TO ESTABLISH THE PRECISE TRAINING REQUIREMENT FOR MEETING THE DISCHARGE PLAN.

WHEN PARENTAL INVOLVEMENT HAS BEEN DETERMINED TO BE APPROPRIATE, PARENT TRAINING IS INITIATED.

PARENT CHECK LIST

AN ASSESSMENT IS MADE TO DETERMINE THE PARENT'S KNOWLEDGE ON SPECIFIC SKILLS RELATED TO WORKING WITH THEIR MENTALLY RETARDED FAMILY MEMBER.

TRAINING REQUIREMENTS ARE TRANSLATED INTO A SERIES OF SPECIFIC TEACHING PROGRAMS TO BE USED DURING THE INDIVIDUAL'S PERIOD OF RESIDENCE

(THIS PROGRAM LIST CONSTITUTES THE MAJOR PORTION OF THE INDIVIDUALIZED TRAINING PLAN FOR EACH RESIDENT.)

INDIVIDUALIZED PARENT TRAINING PLANS ARE DEVELOPED WHICH INCORPORATE:

COUNSELING WHERE REQUIRED

THE TEACHING OF SPECIFIC SKILLS TO ENABLE THE PARENTS TO TEACH THE RETARDED INDIVIDUAL AT HOME

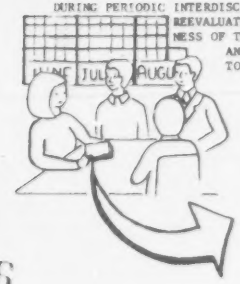
AND ASSISTANCE IN PLANNING FOR THE INDIVIDUAL'S RETURN TO HIS HOME.

FOLLOWING FORMAL ADMISSION PARENTS ARE INTERVIEWED AND INTRODUCED TO THE PLANNED PROGRAM FOR THEIR CHILD.

AS THE INDIVIDUAL (AND HIS FAMILY) APPROACH CRITERION FOR THE ESTABLISHED TRAINING OBJECTIVES,

ACTIVE DISCHARGE PLANS ARE INITIATED THROUGH SEVTC COMMUNITY SERVICES.

COMMUNITY SERVICE



DURING PERIODIC INTERDISCIPLINARY REVIEW MEETINGS, EACH RESIDENT IS REEVALUATED TO ESTABLISH THE CONTINUING APPROPRIATENESS OF THE EXISTING PROGRAM PLAN. BOTH INDIVIDUAL AND PARENT TRAINING ARE ADJUSTED ACCORDING TO RECOMMENDATIONS FOR PROGRAM PLAN CHANGES.

FOCUS TEAM

AT THIS POINT SPECIFIC TRAINING OBJECTIVES MAY BE ADJUSTED TO MEET CRITERION RELATED TO REQUIREMENTS ESTABLISHED BY THE ACTUAL COMMUNITY PROGRAM INTO WHICH THE INDIVIDUAL WILL BE PLACED.

WHEN THE RESIDENT'S PERFORMANCE LEVEL MATCHES MINIMUM REQUIREMENTS FOR THE RECEIVING COMMUNITY PROGRAM, DISCHARGE IS EFFECTED AND FOLLOW-UP ACTIVITIES ARE INITIATED THROUGH SEVTC COMMUNITY SERVICES PERSONNEL.

Materials Now Available

Reavis, H. K., Morrey, J. G., & Hamel, K. Behavioral assessment procedures for community integration. *AAESPH Review*, 1976, 1(4), 37-46.

Reavis, H. K., Hamel, K., Rice, J. M., & Morrey, J. G. *Behavior assessment for community integration of moderate to profoundly handicapped.* Norfolk, Virginia: Old Dominion University Research Foundation, 1977. Price--$2.50.

Reavis, H. K., Rice, J. M., Kersey, K., & Ray, M. K. *Norfolk early education for handicapped children model project.* Norfolk, Virginia: Old Dominion University Research Foundation, 1976. Price—$2.50.

Reavis, H. K., Hamel, K. E., & Morrey, J. G. Development and validation of the SEVTC-Assessment Profiles. Southeastern Virginia Training Center, Chesapeake, Virginia, 1977 (Technical Report #5). Price—$3.00.

SEVTC Assessment Scales for Integration of Moderately to Profoundly Handicapped, Part I—Pre-Entry Screening (includes test booklet, 25 answer sheets, and a set of seven additional data sheets with 25 copies each). Price—$4.00.

SEVTC Assessment Scales for Integration of Moderately to Profoundly Handicapped, Part II—Post-Entry Monitoring (includes test booklet, 25 scoring sheets for each subscale, and 25 profile sheets). Price—$6.00.

Reavis, H. K., McVaugh, W. H., & Hamel, K. Teaching packages for paraprofessionals working with the developmentally disabled. Southeastern Virginia Training Center, Chesapeake, Virginia, 1976 (Technical Report #2).

Reavis, H. K., & Rae, M. K. Bridging the gap from care giver to teacher in a community living facility. Southeastern Virginia Training Center, Chesapeake, Virginia, 1976 (Technical Report #3).

Reavis, H. K., Rae, M. K., & Rice, J. M. Program monitoring and record system for small community living arrangements. Southeastern Virginia Training Center, Chesapeake, Virginia, 1976 (Technical Report #1).

Morrey, J. G., Reavis, H. K., & Rice, J. M. Regional training center philosophy for deinstitutionalization. Southeastern Virginia Training Center, Chesapeake, Virginia, 1976 (Technical Report #4).

Reavis, H. K., Hamel, K., & Morrey, J. G. SEVTC assessment scales for community integration: Development and validation of the post-entry scales. Submitted to the *American Association for the Education of the Severely/Profoundly Handicapped Review*, 1977.

Support Materials for . . .

Assessment with the Severely Handicapped Student

ASSESSING BEHAVIORS FOR POTENTIAL SIGNALS—CHECKLIST

RESPONSE	Right				Left				Both			
	Consistent	Occasional	As a Reflex	Not Done	Consistent	Occasional	As a Reflex	Not Done	Consistent	Occasional	As a Reflex	Not Done
Hand & Arms Straighten (Extend) at Elbow												
Bend (Flex) at Elbow												
Raise Up												
Put Down												
(Crosses Mid-line) Moves Side to Side												
Hands Open												
Close												
Raise Up (from Wrist)												
Lower (at Wrist)												
Move Sideways												
Fingers Joint												
Spread Apart (Abduct)												
Put Together (Abduct)												
Thumb Touches Other Fingers (Opposition)												
Rise Up												
Lower												

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RESPONSE	Right				Left				Both			
	Consistent	Occasional	As a Reflex	Not Done	Consistent	Occasional	As a Reflex	Not Done	Consistent	Occasional	As a Reflex	Not Done
Head Movement Side to Side												
Up												
Head Down												
Towards Shoulders												
Eyes Up												
Down												
To Left												
To Right												
Makes Eye Contact												
Follows Object (Tracks)												
Mouth Open												
Close												
Smile												
Laugh												
Cry												
Vocalize												

RESPONSE	Right				Left				Both			
	Consistent	Occasional	As a Reflex	Not Done	Consistent	Occasional	As a Reflex	Not Done	Consistent	Occasional	As a Reflex	Not Done
Legs & Feet Straighten (at Knee)												
Bend (at Knee)												
Raise Leg												
Lower Leg												
Move Legs Apart (out) (Abduct)												
Move Legs Together (in) (Abduct)												
Foot & Toes Raise Foot												
Lower Foot												
Rotate (Move) Sideways												
Toes												
Curl												
Spread												
Extend (Raise and/or Straighten)												
Shoulders Forward												
Back												
Up												
Down												
Other												

NAME_____ CLASS_____

DATE_____ RECORDER_____

Type of Activity	Type of Response							Reliability		
Brief Description	NR	Vocali-zation	Eye Blink	Head Turn	Body Turn	Increased Activity	Decreased Activity	Good	Fair	Poor
Music:										
Speech: Soft										
Average										
Loud										
Environment:										

BASELINE FOR VOCALIZATIONS

KNI Speech & Hearing Department

STUDENT_____

PURPOSE: To assess student's frequency and variability of vocalization rate in various settings.

MATERIALS NEEDED: Data Sheet, Stopwatch.

ADMINISTRATION: Run several probes in different settings. More than one probe will be done in each of the settings used. Probes may be run over a period of several days.

Baseline completion will be dependent on each student's responding. A trend in responding must be established before baseline is completed.

Different trainers may run consecutive probes, but any particular session should be completed by one trainer.

The intervals should be recorded as consecutively as possible within one session.

The session consists of 5' of monitoring. Recording of vocalizations will be done every 10" interval.

The type of vocalization or noise will be recorded according to the code on the data sheet. Each behavior noted during the interval will be recorded. If the student is quiet the entire interval record "Q." If any one behavior is exhibited more than once in one 10" interval, it is recorded only once.

At the completion of the 30 ten-second intervals, list all words and the most frequent vocalization used, and check all descriptions of the vocalizations that are possible.

Return data sheets to Speech Pathologist for compilation.

DATE_____ SESSION #_____ RECORDER_____

TIME BEGUN_____ TIME ENDED_____ SETTING_____

10" intervals

_____

_____

_____

Code for interval recording:

- L: Laughing
- C: Crying
- Q: Quiet
- W: Word
- V: Speech sound
- H: Humming
- S: Singing
- G: Grunts

_____

Words: (list all heard)

_____

_____

_____

_____

_____

Vocalizations: (Check all applicable)

_____ 1) most vowels

_____ 2) consonant sounds are usually "m" or "b"

_____ 3) makes only one kind of sound

_____ 4) makes a few different sounds

_____ 5) makes lots of different sounds

_____ 6) usually one syllable

_____ 7) usually more than one syllable

_____ 8) repeats same syllable (babbles)

_____ 9) uses assorted meaningless syllables (jargon)

This student's most frequent vocalization was:

_____

Support Materials for . . .

Classroom Implications of Medical Conditions of Severely and Profoundly Handicapped Persons

UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98195

Child Development and
Mental Retardation Center
Clinical Training Unit WJ-10

February, 1977

MEMORANDUM TO TEACHERS OF CHILDREN WITH PRADER-WILLI SYNDROME:

As you are aware, children with Prader-Willi syndrome need to be maintained on a fairly strict dietary regimen to maintain even moderate weight control. Families of these children who attend our clinic have received very sophisticated advice on managing nutrition and caloric intake for their children. In general, this means children bringing their own lunches rather than participating in school lunch programs. Nevertheless, the children have great difficulty in curbing their voracious appetites and we are grateful for your assistance in keeping them from having access to other children's lunches or lunchroom garbage.

Another characteristic of many Prader-Willi syndrome children is refusal to do assigned schoolwork, threats of tantrums, and general lack of motivation. In general, we recommend social reinforcement procedures and token economies of the sort employed in many special education classrooms as being the most appropriate for these children. However, in case these procedures fail we recommend the following two sets of procedures which we have developed in cooperation with our nutritionist:

1. Using the child's lunch as a reinforcer - We suggest dividing the lunch into bite-size portions (ideally the parent could send the lunch along prepared in this way). The child could then be instructed that he would get one "chunk" of his lunch after he completes each portion of his daily work. For example, he might get a bite of his sandwich after finishing three pages in his Sullivan readers, then another bite after doing four arithmetic pages, etc. You could arrange to dispense about half his lunch in this fashion and let him have the other half during the standard lunchtime period. If you experience problems in the afternoon, you might also hold back a small portion of the lunch for the very end of the day if he continues to behave himself. If the child does not complete the assigned work, the lunch should be thrown away and a note sent home to the parents to be extra alert for food stealing that afternoon. Obviously, these children will survive quite nicely if they miss a few lunches!

2. Our nutritionist has suggested several foods which children with Prader-Willi syndrome may have in unlimited quantities. We suggest you might want to stock up on some of these to use as bonus reinforcers in conjunction with the program I outlined above, or you could allow the child a "normal" lunch and simply use the following foods as additional reinforcers (keeping the parents informed, of course). Small slices of celery, carrot, or dill pickle can be used as reinforcers. Our nutritionist informs us that the children may have as much of these three foods as they wish. Nevertheless, I would dispense only one thin stick at a time. These reinforcers might be particularly useful in a classroom where other candy-type reinforcers are used with other children, so that the Prader-Willi child could also

be reinforced with food of a type this child could tolerate. In fact, our nutritionist would suggest that perhaps the entire class would benefit from these reinforcers instead of sweets. We also recommend a sweet reinforcer: jello sticks. However, these must be made with dietetic gelatin such as D-Zerta. To make jello sticks, use ½ to 2/3 the amount of water recommended on the package. When the product hardens it will be thicker and gummier than normal jello, but will not require refrigeration.

Another food which could be used, but not in unlimited quantities, is beef jerky, which you would probably want the parent to provide since it is considerably more expensive than the other foods listed above.

If you would like more information on behavior management procedures for these children or have any additional suggestions or questions, please call either of us at 543-3406.

Sincerely,

Stephen Sulzbacher, Ph.D.
Educational Consultant
Prader-Willi Clinic, CTU/CDMRC

Jeff Snow, M.A.
Educational Consultant
Prader-Willi Clinic, CTU/CDMRC

SS/mb

Support Materials for . . .

Ancillary Services: Role of the Occupational Therapist, Physical Therapist, and Speech Pathologist

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Support Materials for . . .
Infant Programs or the Case for Early Intervention

HEAD START—RAP
Resource Access Project

For Region X, Office of Child Development, Serving Washington, Oregon, and Idaho

National Office of Child Development

In an effort to imporve Head Start's capability to find and serve handicapped children in a mainstream environment, the National Office of Child Development, Project Head Start, has funded a 3-year demonstration project entitled Resource Access Project. The RAPs will function as *brokers*, helping to deliver training and technical assistance to Head Start programs.

The RAPS are established to link local Head Start staffs to existing resources so that the *special* needs of handicapped children are met.

Collaboration between Head Start and hundreds of resource providers throughout the country is the key to seeing that Head Start handicapped children get the full range of services they need.

Region X Resource Access Project

Goal: The goal of the Resource Access Project for Region X shall be to help Head Start grantees to provide services to handicapped children and their families through available and potential resources. In order to meet that goal, the RAP will:

1. Assess perceived needs of all Head Start grantees within the region to determine what ongoing and new services are needed in order to extend and intensify services to handicapped children and their families.
2. Survey and assess resources which are available to provide technical assistance to Head Start grantees and children and their families.
3. Make better use of existing resources for Head Start grantees on the basis of needs assessment.
4. Seek new resources not presently available to Head Start grantees.
5. Increase community awareness of programs and services offered by Head Start.
6. Provide ongoing evaluation and follow-up of services delivered to grantees.

*Project Officers**

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the Severely/Profoundly Handicapped
Kansas City, Missouri Meeting, October 13-16, 1976

INFANT INTERVENTION RESEARCH: SELECTED REFERENCES

Prepared by: Crystal E. Kaiser and Alice H. Hayden

Programs of intervention for the handicapped or "at risk" infant have become increasingly common nationwide. There are, for example, over 50 new infant programs in the Los Angeles area alone. What is the research base for such programs? Most "early intervention" rationales and research reviews have been centered around disadvantaged preschool (3-5 years) populations. Are infant programs for the handicapped, then, based largely upon preschool data, or is there a similar body of infant research?

The answers are not easily found. Infant intervention studies have been published, but in such a wide range of journals as to discourage even the most ardent of library buffs. We believe that those who would intervene with severely handicapped infants need to have this past research at their fingertips so that future research will be based upon a thorough knowledge of the existing literature. It is to assist in this effort that the following references have been compiled. Research will be presented within the following categories:

I. *Reviews, Critiques, Edited Volumes, and Newsletters*
II. *Infant Research with Specific Populations (group designs)*
  A. Institutionalized Infants
  B. Down's Syndrome; Developmentally Delayed
  C. Low Birth Weight or Premature Infants
  D. "Disadvantaged" Infants
  E. Infants with Sensory Handicaps
  F. Orthopedically Handicapped Infants
  G. Normal Infants
III. *"Applied Behavior Analysis" Research (single-subject designs)*

I. *Reviews, Critiques, Edited Volumes, and Newsletters*

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* It must be emphasized that the above "ABA" research does not strictly meet standard criteria (Baer, Wolf, & Risley, 1968) for ABA research. Of several hundred infant studies reviewed, however, these four stood out quite dramatically as the closest approximations to true ABA research with infant populations in the past ten years.

Support Materials for . . .

Competencies and Training Needs Assessment:
Interrelationships for Personnel Preparation
in the Area of Severely Handicapped

Summer Workshop Participant Needs Assessment

This needs assessment form has been prepared to solicit your comments relative to training content and also to stimulate your thinking in advance of a meeting with one of the Experimental Education Unit staff members.

Following is a list of topics which will be included in workshop content. Several methods may be utilized in presentation of this material. We wish to consider your needs, experiences, and interests in selecting methods and in assigning emphasis to each topic.

Please consider each topic and then indicate the degree of emphasis you prefer and the method of presentation you believe would be most useful to you. Your responses, together with those of all other participants, will be considered in preparing the curriculum.

Needs Assessment Form

Directions:

1. Place a mark in one of the three columns under *emphasis* and a mark in one of the three columns under *methods* for each lettered statement. It is not necessary to mark the numbered statements since these points are included only as broad descriptive statements.
2. Don't worry about definitions of the descriptions (light, medium, heavy). These will be discussed during the interview so that we understand exactly what you mean.
3. Make a note of anything you don't understand and plan to discuss it during the interview.
4. List any other topic which you wish to have covered in the workshop.

Topics	EMPHASIS			METHOD		
	Light	Medium	Heavy	Didactic	Practicum	Combination
I. *Systematic Instruction*						
1. *Initial Assessment* (identification of individual pupils' present level of skill development)						
a. assessment instruments						
b. assessment techniques						
c. assessment rationale						
2. *Establishing Instructional and Management Objectives* (long- and short-term)						
a. rationale						
b. format (how to)						
c. priorities						
3. *Planning Instruction and Management Programs*						
a. format (how to and what)						
b. process and sequence of planning						
4. *Selection and Arrangement of Instructional Materials*						
a. task analysis						
b. identifying available materials						
c. modifying existing materials						
5. *Selection of Instructional and Management Strategies*						
a. learning stages and characteristics						
b. determining what strategies are appropriate						

	EMPHASIS			METHOD		
	Light	Medium	Heavy	Didactic	Practicum	Combination
6. *Use of Measurement Systems* (process evaluation)						
a. selection of tools and procedures						
b. implementing measurement						
c. use of data						
7. *Intervention Process*						
a. when and how to intervene						
b. types of interventions						
8. *Periodic Progress Evaluation* (e.g., monthly, quarterly, bi-annually)						
a. selection of tools and procedures						
b. implementing measurement						
c. use of data						
II. *Interdisciplinary Approach to Planning and Implementing Programs*						
1. *Roles and Functions of*:						
a. teacher/educator						
b. administrator						
c. communications disorder specialist						
d. physical therapist						
e. occupational therapist						
f. family services co-ordinator						
g. nurse						
h. vocational educator						
i. physician						
j. psychologist						
III. *Resources*						
1. *Identifying and Locating*:						
a. available community resources						
b. home and community living resources						
c. adaptive equipment						
d. curriculum materials						
e. volunteers						
f. resource networks						

	EMPHASIS			METHOD		
	Light	Medium	Heavy	Didactic	Practicum	Combination
2. *Training Personnel Resources:*						
a. parents and families						
b. volunteers						
c. teaching assistants						
d. others						
3. *Scheduling, Coordinating, and Managing Resources*						
a. use of resources in the classroom						
b. working in and with the community						
4. *Analyzing Resources*						
a. identifying need for resources						
b. selecting appropriate resources						
IV. *Special Programs*						
1. *Designing, Managing, and Administration*						
a. infant programs						
b. educational programs						
c. vocational education						
d. community-living programs						
V. *Classroom Management Process*						
1. *Programs and Services*						
a. curriculum materials						
b. classroom design and facilities						
c. instructional tactics						
d. behavior management						
e. interventions						
f. reporting						
VI. *Other Topics*						
a. legal rights of handicapped individuals						
b. parents' perspective						
c. school administration						
d. drugs						

Following are several questions which have been designed to stimulate and focus your thinking on specific aspects of the workshop. Please take some time to answer each question as fully as possible. The information you provide will be useful in conducting a needs assessment interview with you. And of course, the information will be very useful in planning the workshop. Use separate pages or the back of these sheets if necessary.

1. What are your expectations of the summer workshop?

2. Assuming that you recognize or feel a need to upgrade present skills or develop new ones, what do you expect to be able to do better after the workshop?

3. What do you need in order to improve your performance? (For example, information, skills, techniques, etc.)

   a. Which of those items you have listed should the workshop provide?

   b. How can you satisfy those other needs not met by the workshop?

   c. Assuming your expectations of the workshop are met (or even if they are not fully met), what follow-up support do you think you will need/want?

4. What services (in addition to those you provide) do the children you serve receive?

5. What other services do these children need?

6. Are you acquainted with the concept of systematic instruction? Yes____ No____. If yes, what specific problems do you have in implementing the process?

7. What resources exist in your community? List them by type.

   a. Which of these resources do you currently use?

   b. Which do you not use? Why?

8. What resources need to be developed to meet needs of handicapped children in your community?

9. To what extent and how are parents of children involved in planning and implementing the services you provide?

UNIVERSITY OF WASHINGTON
COLLEGE OF EDUCATION

An Excerpt from:

Severely/Profoundly Handicapped
Special Education Master of Education Degree

Role:

Self-contained classroom teacher of
severely/profoundly handicapped students

Suggested Sequence of Courses

Fall Quarter		
EDSPE 505	Educating the Mentally Retarded	(3)
EDSPE 404	Exceptional Children	(3)
EDSPE 510	Behavior Measurement and Management	(3)
*UCONJ 410	Study of Interdisciplinary Evaluation and Management of Handicapped Children (or other course outiside College of Education)	(3)
EDSPE 506	Internship in Special Education	(3)
Winter Quarter		
*EDPSY 520	Advanced Learning	(3)
EDSPE 507	Education of the Severely Retarded	(3)
EDSPE 419	Interventions with Families of Handicapped Children	(3)
EDSPE 520(s)	Physical Management Problems of the Severely Handicapped	(3)
EDSPE 506	Internship in Special Education	(3)
Spring Quarter		
*EDPSY 490	Basic Educational Statistics	(3)
EDPSY 400	Developmental Foundations of Early Learning	(3)
EDSPE 475	Recreation and Leisure for the Handicapped	(3)
EDSPE 520(H)	Advanced Seminar in SPH	(3)
EDSPE 506	Internship in Special Education	(4)
Summer Quarter		
*EDEPS 479	Crucial Issues in Education (or substitute in EDEPS)	(3)
EDSPE 511	Advanced Behavior Analysis	(3)
EDSPE 496(A)	Summer Workshop for SPH	(9)

* Required for Masters Degree in Special Education

Competencies and Mode of Acquisition

Description of Competency	Background Information	*How Acquired*
Understands normal child development, the history of special education, and the etiology of handicapping conditions.	The candidate will list and describe normal developmental sequences in the areas of motor, cognitive, communication, social, and vocational skills.	EDPSY 400 _____ Other _____
	The candidate will review the major historical trends in special education.	EDSPE 404 _____ EDSPE 505 _____ Other _____
	The candidate will review the etiological aspects of retardation by demonstrating an understanding of syndromes and etiologies regarding severe and profound developmental delays and how they might be translated into program goals for individual Ss (e.g., children with CP many times suffer partial hearing losses).	EDSPE 50[illegible] _____ EDSPE 4[illegible] _____ UCONJ 410 _____ Other _____
	The candidate will describe how to program for the following sensory disorders associated with mental retardation: a. Deafness b. Partial hearing c. Blindness d. Visual impairments e. Deaf-blindness f. Blindness and hearing impairments g. Deafness and visual impairments	EDSPE 404 _____ EDSPE 505 _____ UCONJ 410 _____ Other _____
	The candidate will describe how to program for: a. No speech b. Motor disorder of speech (articulation, voice, pitch, etc.) c. Perceptual disorder (refers to loss of recognition of visual, auditory, or other stimuli) d. Other (includes disorders involving inability to write or other purposeful movements in which there is a combination of perceptual-motor deficits)	EDSPE 507 _____ EDSPE 520(S) _____ EDSPE 496(R) _____ EDSPE 496A _____ Other _____

The candidate will describe how to reduce probability of occurrence of some of the following convulsive disorders: a. No convulsive disorder present b. Akinetic seizures c. Autonomic seizures d. Focal seizures e. Major motor seizures f. Myoclonic seizures (infantile spasm) g. Petit mal seizures h. Psyclomotor seizures i. Mixed seizures	EDSPE 40? _____ EDSPE 520(S) _____ UCONJ 410 _____ EDSPE 496A _____ Other _____
The candidate will describe how to program for problems related to the following motor dysfunctions: a. Atoxia b. Hypotonic c. Choreoathetosis d. Dystonic e. Rigidity f. Tremors g. Spasticity h. Mixed	EDSPE 496 _____ EDSPE 520(S) _____ EDSPE 496A _____ Other _____

Programming: Assessment

Description of Competency		*How Acquired*
Utilizes developmental sequences of major skills acquired by normal children as a basis for assessment; describes, differentiates among and interprets results from commonly-used assessment instruments both summative and formative and used by allied disciplines; establishes and implements systematic procedures to gather both formative and summative data; identifies target instructional behaviors based upon an analysis of initial assessment data; summarizes assessment findings in written form.	The candidate will list required areas of assessment and describe the assessment process required by 392-71-WAC	EDSPE 520(H) _____ EDSPE 507 _____ Other _____
	Given a list of ten assessment devices commonly used with the severely/profoundly handicapped, the candidate will *select* two *and describe* the instrument, the subtests, and the purpose of the test.	EDSPE 507 _____ EDSPE 505 _____ EDSPE 520(S) _____ EDSPE 496A _____ Other _____
	The candidate will describe and differentiate between summative and formative assessment procedures and will describe commonly used procedures for administering, scoring, and analyzing summative/formative assessments.	EDSPE 505 _____ EDSPE 507 _____ EDSPE 520(S) _____ EDSPE 496A _____ Other _____
	Given areas of behavior (motor, social, cognitive, communication), the candidate will identify instruments which could be used for obtaining assessment information.	EDSPE 505 _____ EDSPE 507 _____ EDSPE 520(S) _____ EDSPE 496A _____ Other _____

Given student performance data, the candidate will write a summary of the assessment information and list the areas for which programs should be constructed.	EDSPE 507 _____ EDSPE 520(S) _____ Other _____
Given a set of commonly-used assessment devices, the candidate will review the instruments and describe the range of skills assessed in each for the following areas: motor, cognitive, communication, social, vocational.	EDSPE 507 _____ EDSPE 520(S) _____ Other _____
The candidate will describe summative/formative assessment procedures used within the practicum setting.	EDSPE 506 _____ EDSPE 496A _____ Other _____
Given four areas of behavior (motor, social, cognitive, communication), the candidate will select, administer, score, and complete an error analysis of assessment instruments which provide assessment information for two children.	EDSPE 507 _____ EDSPE 506 _____ EDSPE 520(S) _____ EDSPE 496A _____ Other _____
The candidate will write a summary of assessment information and write a list of areas for which programming should be developed for two students.	EDSPE 507 _____ EDSPE 506 _____ EDSPE 520(S) _____ Other _____

Support Materials for . . .
Planning, Conducting, and Evaluating Workshops

Dissemination/Change Agent Model*

We find it useful to distinguish between in-service models which simply seek to inform the recipient and those which seek implementation over time of the idea or content area. "Informing" in-service can be done in less time and the success criterion is appropriately less service, e.g., pre- and post-testing. In-service which seeks implementation over time demands more time and appears to involve dealing with a variety of resistances to change.

The Dissemination/Change Agent or D.C.A. model is an idea-dissemination model whose criteria for success is based on implementation—over time—of the idea or content area in the classroom of the participating teachers. The model involves (a) training educators in a given idea or skill, and (b) facilitating a spread-of-effect by having them return to their school districts and train a predetermined number of other educators (called "Stars") in the idea or skill.

The general format of the model involves:

1. The selection of change agent teams—each team consisting of a classroom teacher, psychologist or resource person and administrator from the same school district.
2. An Idea-Insertion Conference where the teams are instructed in the idea to be dis-disseminated. Each team develops a plan for implementing the idea in the classroom of the Change Agent Teacher (C.A.T.). Each team also develops a plan for training a specified number of other teachers ("Stars") in their district to implement the idea.
3. The actual implementation of the idea in the classroom of the C.A.T. for a specified minimum period of time.
4. The training of the "Stars." Implementation of the idea in their classrooms.
5. An evaluation of the implementation of the Change Agent teachers and Star teachers.
6. A Spread-of-Effects Conference where each team describes how steps 3-5 were accomplished. Each participant completes an evaluation of the dissemination model.

* For additional information contact: Jackie Bolen, California Learning Resource Center, 1301 South Broadway, Suite 623, University of Southern California, Los Angeles, California 90015.

The DCA Model includes the following Stages:

STAGE 1: Initial letter mailed to a number of potential users announcing the training process and content briefly; application included.

STAGE 2: In response to applicants, a screening letter and response form sent; includes specific information on training process, content area and information for self-selection of teams.

STAGE 3: Self-Identification of applying teams.

STAGE 4: Selection of teams by the training agency.

STAGE 5: Training of teams at the Idea Insertion Conference.

STAGE 6: Development of training plans by *Teams*.

STAGE 7: Implementation of idea or content area in C.A.T.'s Classroom.

STAGE 8: Training of "star" teachers by *Teams*.

STAGE 9: Feedback or evaluation of Team's implementation and "star" training.

STAGE 10: Spread-of-Effect Conference where each team presents their implementation and training experience.

Initial Letter Characteristics

PURPOSE: —To inform the target population of the opportunity to participate in the training.
—The initial step in the recipients' self-selection process.

CONTENT: —Brief description of the D.C.A. process including team composition (e.g., teachers, psychologists, administrators).
—Brief description of content area.
—Dates of both the training conference and spread-of-effects conference.
—Indication of teams' commitment to train "stars."
—Information on responsibility for expenses.
—Application procedures: Who may apply
Deadlines
Forms
—An invitation to pass the information on.

MAILING: —Send 300 or more letters for each 3-person team desired (6 teams=1800 initial letters)
—Schedule one month between initial mailing and application deadline.

Screening Letter Charateristics

PURPOSE: —To more fully describe the demands of participating in the training.
—To provide the applicant an opportunity to screen himself out.

CONTENT: —Detailed list of project objectives.
—An individual response form.
—Date and site of the training conference and spread of effect conferences.
—Information on activities of the training and spread-of-effect conferences.
—Date on which teams will be notified of their selection/rejection.
—Information on responsibility for expenses.
—Delineates the nature of the teams' commitment to train and facilitate the implementation of specified number of stars.

MAILING: —Mailed only to those who replied to initial letter.
—Allow one month between mailing and deadline.

Planning, Conducting and Evaluating Workshops

Information Sources

ERIC Documents:

DOCUMENT RESUME

SP 007 834

ED 088 861

AUTHOR	Alvir, Howard P.
TITLE	Planning and In-Service Education.
PUB DATE	Feb. 74
NOTE	75p.
AVAILABLE FROM	Dr. Howard P. Alvir, FILMS, 27 Norwood Street, Albany, New York 12203 (Loan copies made available upon receipt of 9 x 12 stamped, self-addressed envelope)
EDRS PRICE	MF-$0.75 HC-$4.20
DESCRIPTORS	Guides; *Inservice Teacher Education; *Program Planning; *Teacher Educator Education

ABSTRACT

This booklet is designed to render assistance to all educators engaged in planning in-service education sessions with their staff. Specifically, it offers a point of view on planning as a learnable activity and a reasonably complete how-to-do-it kit. The objectives of such an approach are to pinpoint specific planning difficulties associated with in-service education training programs and to suggest alternatives to "doing the same unsuccessful things over and over agian with a hope that something worthwhile might occur." Since the booklet is aimed at several different types of in-service educators--those who are inexperienced, unsuccessful, successful but dissatisfied, disorganized, overworked, rushed--suggestions are made as to where each type should begin in the booklet. Further instructions for use of the booklet are given, and these are followed by a series of transparencies presenting information necessary for properly planning an in-service session and discussions of the transparencies. (Author/DDO)

SP 009 183

ED 106 272

AUTHOR	Alvir, Howard P.
TITLE	Evaluating Teacher Inservice Workshops through a Four Level Analysis of Learner Benefits.
PUB DATE	May 75
NOTE	51p.
EDRS PRICE	MF-$0.76 HC-$3.32 PLUS POSTAGE
DESCRIPTORS	*Evaluation; *Inservice Teacher Education; Student Improvement; *Teacher Influence; *Teacher Workshops
IDENTIFIERS	*Student Benefits

ABSTRACT

The purpose of the research presented in this document is to classify, validate, and analyze the costs of inservice teacher education workshops in terms of measurable and effective benefits to students following teacher participation in inservice courses. The research design is divided into the following

three phases: (a) list the claimed benefits of teacher inservice courses that result in learner gains, (b) validate the presence of these claimed results with experimental samples, and (c) price the validated benefits in a comparative shopping tabulation contrasted with value analysis. In addition to the actual research design, this document includes a comprehensive listing and categorization by type and level of claimed learner gains directly linked to inservice teacher education. The document also has the following characteristics: (a) it presents analyses of previous research, (b) examines the research design, (c) describes the steps for developing the research instrument, (d) explains the organization of the research instrument, (e) provides procedures and forms necessary to conduct the survey, (f) lists evaluation possibilities, (g) lists functions performed by the workshop director and the outside evaluator, (h) provides sample formats for each data function, (i) describes how this evaluation is being applied elsewhere, and (j) shows how an evaluation process can result in greater specification and clarity of the dimensions being evaluated. (PB)

SP 009 602

ED 114 362

AUTHOR	Alvir, Howard P.
TITLE	Self-Assessment Criteria for Workshop Directors Planning, Conducting or Evaluating Teacher In-Service Workshops for Staff Development.
PUB DATE	Dec 75
NOTE	14p.
AVAILABLE FROM	Howard P. Alvir, 27 Norwood Street, Albany, New York 12203 (on loan)
EDRS PRICE	MF-$0.76 HC-$1.58 Plus Postage
DESCRIPTORS	*Evaluation Methods; Inservice Teacher Education; *Post Testing; *Self Evaluation; Staff Improvement; Teacher Workshops; *Workshops

ABSTRACT

This workbook presents three evaluation exercises that can be used by workshop directors to plan, implement, and evaluate workshops. The first exercise is deemed most helpful when the workshop objectives are only half-formed. Exercise 2, for cases in which workshop participants have been identified, helps the workshop director ensure that the objectives and needs analysis are relevant. Exercise 3 is designed to help pinpoint learner benefits--where learner refers to students taught by teachers participating at the workshop--after the workshop has been completed. Self-assessment criteria are presented after the exercises with which the reader may measure the effectiveness of his/her answers. (RC)

EA 007 049

ED 105 619

AUTHOR	Gall, Joyce P.; And Others
TITLE	Coordinator's Handbook for: Setting Goals, Analyzing Problems, Deriving Objectives.
INSTITUTION	Far West Lab. for Educational Research and Development, San Francisco, California
SPONS AGENCY	Office of Education (DHEW), Washington, D.C.
PUB DATE	71
NOTE	84p.; Related documents are EA 007 050-052; Not available

in hard cover due to marginal legibility of original document

EDRS PRICE MF-$0.76 HC Not Available from EDRS. PLUS POSTAGE
DESCRIPTORS Decision Making; Decision Making Skills; Educational Objectives; Educational Programs; Elementary Secondary Education; Higher Education; *Inservice Education; Instructional Design; Instructional Materials; *Instructional Programs; Leadership Training; Management; Management Education; Objectives; Problem Solving; Simulation; *Trainers; *Training Objectives; *Training Techniques
IDENTIFIERS *Determining Instructional Purposes Program

ABSTRACT

This coordinator's handbook is designed to give necessary information and guidance to the person responsible for coordinating a training course based on one or more units in the Determining Instructional Purposes training package. Although the role of the coordinator resembles the traditional roles of instructor or consultant, it is not identical to either of these. This is because the coordinator, and all training participants, will be working with a set of fairly self-contained and complete training materials. The training units are designed for school decision-makers involved in planning and managing instructional programs, that is, people who need to have basic skills in "purposing" as well as in managing others in the performance of the functions covered in the training. The units can be used either with existing school personnel or with prospective teachers and administrators. The training units cover setting goals, analyzing problems, and deriving objectives. (Author/I RT)

CE 004 349

ED 109 489

AUTHOR Haverland, Edgar M.
TITLE Transfer and Use of Training Technology: A Model for Matching Training Approaches with Training Settings. Technical Report No. 74-24.
INSTITUTION Human Resources Research Organization, Alexandria, Va.
SPONS AGENCY Air Force Office of Scientific Research, Arlington, Va.
REPORT NO HumRRO-TR-24-74
PUB DATE Oct 74
NOTE 78p.

EDRS PRICE MF-$0.76 HC-$4.43 PLUS POSTAGE
DESCRIPTORS *Classroom environment; Educational Environment; Educational Research; Educational Technology; Military Training; *Models; Peer Teaching; Post Secondary Education; *Project Training Methods; Teaching Methods; *Technical Education; *Training Techniques; Transfer of Training

ABSTRACT

The report describes a project designed to facilitate the transfer and utilization of training technology by developing a model for evaluating training approaches or innovations in relation to the requirements, resources, and constraints of specific training settings. The model consists of two parallel sets of open-ended questions--one set concerning the characteristics of the training approach under consideration, and one set concerning the requirements, resources, and constraints in the specific training setting. When these

questions have been answered, the information needed to evaluate how well the training approach fits the training setting is available and arrayed in a convenient format. The model can be used: when the training setting is given and the problem is to select training approaches; to analyze and describe training approaches in terms relevant to the concerns of the training designer and developer; and to make an inventory of the characteristics of a training setting, without any particular training approach in mind. The report also includes chapters on: background; description of the model (including its development and initial testing); field evaluation and revisions; discussion of the model; applications; and conclusions and implications. An appendix presents an application of the model to a peer instruction training approach. (Author/PR)

SP 009 273

ED 107 648

AUTHOR	Alvir, Howard P.
TITLE	Thirteen Alternative Learning Environments That Can Be Used to Evaluate the Impact of Teacher Inservice Workshops on Documented Learner Benefits.
INSTITUTION	FILMS, Albany, N.Y.
PUB DATE	9 Jun 75
NOTE	15p.
EDRS PRICE	MF-$0.76 HC-$1.58 PLUS POSTAGE
DESCRIPTORS	*Achievement Gains; Affective Behavior; *Evaluation Methods; *Inservice Teacher Education; Learning; Program Effectiveness; *Program Evaluation; Students; *Teacher Workshops

ABSTRACT

This catalog, intended for inservice program directors, describes a large number of activities for evaluating the impact of teacher inservice workshops on learner gains. The first description explains how to provide an activity-by-activity evaluation measure that identifies objectives, time period, resources, personnel, and success of outcome. The second describes how to identify positive and negative factors through an overview of the program. The third advises project directors to become aware of current literature on management and leadership by objectives. The fourth examines the problem of motivating all participants in an inservice program to strive toward new professional competency. The fifth considers the importance of being able to count visible and measurable success. The sixth looks at what can be done to prepare for local implementation difficulties. The seventh discusses follow-up evaluation instruments. The eigth describes how to develop an instrument to determine the competence level of participants at the beginning of the workshop in relation to the workshop's objectives. The ninth discusses participants' comments on and responses to the workshop. The tenth explains that the objectives proposed for the workshop should be realistic. The eleventh stresses the importance of considering what the participants want; and the last description emphasizes the fact that this catalog is not a blueprint telling the director exactly what to do, but a list of alternatives. (PB)

Other sources:

Browning, P. C., "Evaluation of training: An annotated bibliography." In P. Browning (Ed.), Evaluation of Short Term Training in Rehabilitation. Eugene, Oregon: R & T Center, University of Oregon, Monograph No. 3, 1970, 89-103.

Thiagarajan, S., Instructional Development for Training Teachers of Exceptional Children. C.E.C., 1920 Association Drive, Reston, Virginia 22091. (single copy $5.50).

Mayer, R., Analyzing Performance Problems. Fearon Publishers; Belmont, California, 1970.

Davis, L. & McCallon, E., Workshops. Learning Concepts; 2501 N. Lamar, Austin, Texas 78705, 1974.

Support Materials for . . .

Models for Planning and Delivering Technical Assistance
to LRC Clients

Mid-East Learning Resource System Technical Assistance Agreement

COVER SHEET

The cover sheet identifies the agreement. It has the state name, the TAA number and title, the technical assistance agreement monitor's name (TAAM), and the workscope activity number(s) most closely connected with actions resulting from the TAA. The lower right-hand corner has places for signatures of representatives approving the TAA.

SEA GOAL

The second page of the TAA lists a specific SEA goal. Every agreement developed should be relevant to the major goals and objectives of the state education agency (or other agency). The goal is included verbatim as the first element of the agreements.

TECHNICAL ASSISTANCE NEEDS

The technical assistance needs indicate the area in which MELRS can provide service. While a rough general needs statement is acceptable, it should identify a problem the SEA (or desired client) is having in meeting its operational objective.

The statement of need usually begins with a phrase such as "The SEA needs assistance in . . ." If possible, the need should be referenced to the LRS plan by page or number.

TECHNICAL ASSISTANCE OBJECTIVE

The technical assistance objective establishes what MELRS expects to accomplish in meeting the stated needs. In effect, this section becomes an operational objective of MELRS. So that the objective will be useful it should provide:

1) Specification of what product(s) are expected as a result of actions
2) An indication of target group(s) for assistance
3) A delineation of time frame
4) A format which leads logically to an evaluation

TECHNICAL ASSISTANCE ACTIONS

The technical assistance actions are clear and precise statements of what will occur, when, and by whom. The precision of the TA Action Statements encourages continuous and efficient delivery of technical services. It also provides both the SEA and MELRS with a readily available means of monitoring and evaluating the delivery process.

Each action step usually begins with a completion date, then specifies a person and what action he or she will accomplish, such as "By (date), (name), from MELRS, will contact (name), SEA representative to . . . (action)." In addition, the action step should specify, when possible, the number of staff days required for the completion of each action step.

TECHNICAL ASSISTANCE EVALUATION PLAN

A technical assistance evaluation plan consists of both process and content evaluation. It specifies a method for comparing desired outcomes with what actually occurred. The form of the plan depends on the nature of the agreement but should require as a minimum some written statement from the SEA or other client group.

Each part of the plan should specify who will do what. Whenever possible, a MELRS evaluation form should be used and identified by number. For example: "1. (name), SEA representative will fill out Form #2, Consultation Services Evaluation Form, and return it to (name), MELRS representative."

TECHNICAL ASSISTANCE RESOURCES

Technical assistance resources refer to the source and amount of resources which will be used during the delivery of technical assistance. In most cases, both MELRS and the SEA will have resource obligations.

The resource statement should indicate the in-field days (and if possible in-house staff days) and financial resources available for use. Any consultation fees and travel costs should be included as resources provided by either the SEA, MELRS or other sources, along with an indication of who (ALRC, RRC or MELRS at UNC) is supplying the resource. The statement should be phrased "MELRS will provide:

1) _____staff days in field—ALRC Resources
2) _____staff days in house—ALRC Resources
3) $_____ for consultation fees (_____days @ _____ per day), travel, and subsistence—RRC Resources"

Options for TA evaluation

In a beginning effort to address the task of measuring the efficiency of our own program efforts, MELRS has adapted a two-pronged approach. First, in cooperation with the ALRC/RRC network, MELRS has collected impact data utilizing forms and procedures developed within the network. This effort has consisted primarily of collecting data on the types and amount of assistance being provided through the network. Information of this effort is available from the National Center on Education Media and Materials for the Handicapped (NCEMMH) at The Ohio State University and from the Coordinating Office for Regional Resource Centers (CORRC) at The University of Kentucky.

In addition to the impact data, MELRS has collected satisfaction data. For each technical assistance agreement, MELRS has attempted to measure client satisfaction at two levels. The receiver of the assistance has been asked to complete a questionnaire regarding his/her satisfaction with the assistance provided. Forms 1 through 3 are used to measure satisfaction with workshops, consultations, and information, materials or products respectively (see handout). Form 4 was designed to gather data primarily from SEA personnel—our prime target for assistance. Along with ascertaining the general level of satisfaction within each of the three categories of assistance, MELRS anticipates being able to measure the relative level of satisfaction between categories.

Table 1

Intervention and Evaluation Assumptions of Training and Technical Assistance

PRESUMED SEQUENCE	EVALUATION
Stage I—The technical assistance or training is applied to the designated client group.	* Simple management information data will confirm the completion of such activities.
Stage II—The results of such training or TA are the demonstrable changes in skills, knowledges and/or attitudes of the clients who received the training or TA.	* Tests may be applied by training or TA unit to determine which previously established expectations in terms of client change were accomplished. Client changes need to be noted in the environment (school) where they will be applied.
Stage III—The result of changes in the clients (i.e., teachers) will be concomitant changes in attitudes in those whom the client serves (i.e., handicapped children).	†Tests administered under controlled conditions to children to test expected changes (i.e., teacher training in behavior modification should result in less disruptive behavior but not necessarily better arithmetic).
Stage IV—Positive changes in the ultimate recipient of services (children) will be received favorably by the community who will wish to extend such services, and will support their multiplication.	†Statements of intent to act or actual actions taken in the form of replication or extension of services in model presented.

* Responsibility of training or technical assistance unit to carry out.
† Responsibility of third-party evaluators to carry out.

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Hagerstrand, T. *Innovation Diffusion as a Spatial Process.* Chicago, Illinois: University of Chicago Press, 1967.

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V

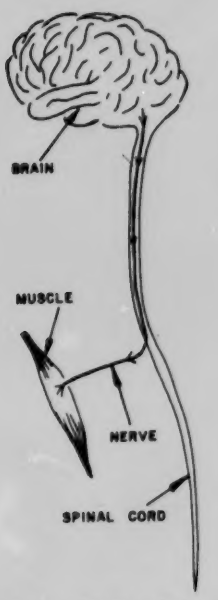
Support Materials for . . .

Using an Integration Specialist to Facilitate Integration of Severely Multiply Handicapped Students

A Continuum of Alternative Educational Provisions for Handicapped Children
Served by
Douglas County I.E.D. Multiple Handicapped Program

1	2	3	4	5	6	7
Regular class; no assistance needed	Regular class and consultive assistance from therapist or specialist	Regular class and consultation plus special materials provided through/by Multiple Handicapped Program	Regular class and itinerant teacher/ specialist service on a regular basis	Regular class and resource room and specialist service from Multiple Handicapped Program	Regular class (part-time) and special class (part-time) with follow-up by integration specialist and/or aide	Special class in regular school; some integration for specific classes or activity with follow-up by integration specialist
REGULAR CLASS TEACHER—PRIMARY RESPONSIBILITY						
	THERAPISTS, SPECIALISTS AND RESOURCE TEACHERS					
			SPECIAL CLASS TEACHER—PRIMARY RESPONSIBILITY			

CEREBRAL PALSY

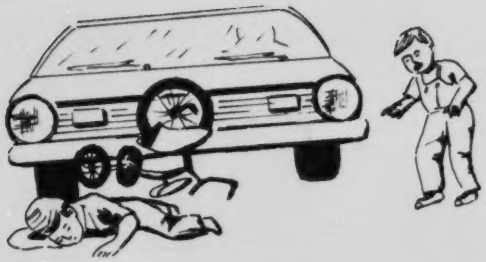


I want to tell you about cerebral palsy. A child can have this handicap if the motor area of the brain is damaged.

A brain that is damaged will still send messages to the muscles, but the messages it sends may be incorrect. Because the message to the muscle is not right, the person with cerebral palsy moves differently than you do.

The injury to the brain can occur before, during, or after birth. A baby's brain can be injured while it is developing inside the mother.

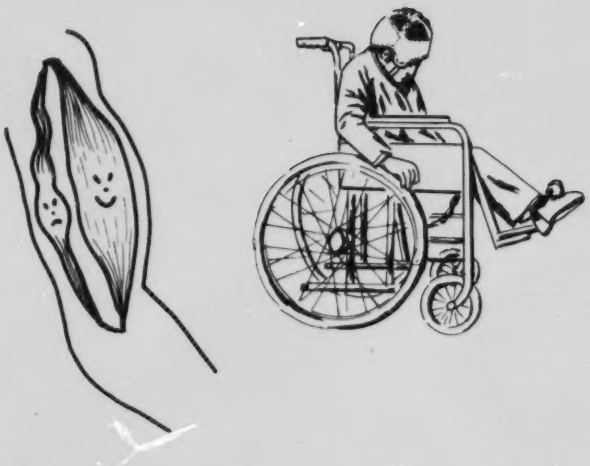
The brain can also be injured if the baby is premature or born too early.



A child can receive injury to the brain from car accidents or blows to the head.

The mother is usually the first to notice that the baby moves different than most babies. It is the child's doctor who tells the mother that her child has cerebral palsy. Boys have cerebral palsy more often than girls.

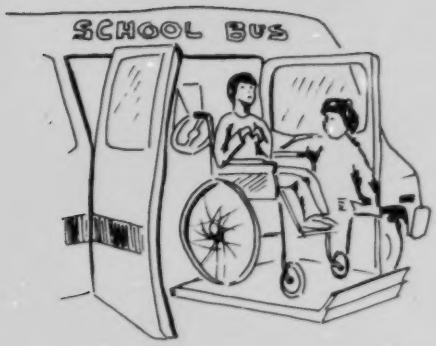
My friends with cerebral palsy do not all look alike or move the same way. Doctors can describe the type of movement they see; that is, whether it is slow, fast, jerky, or constant.



The most common type of cerebral palsy, spastic cerebral palsy, makes movement slow and difficult. The muscles move as if they are having a tug of war with each other. The stronger muscles win.

A child with athetoid cerebral palsy has poor control over his body's movements. For example, when the child tries to reach a ball, his arm may move back and forth in worm-like movements before it gets to the ball.

Ataxic cerebral palsy causes a child to have balance problems. She moves the way you would if you were spun around and made dizzy.



This child with cerebral palsy has difficulty moving all parts of the body. He usually has to learn to use a wheelchair wherever he goes.

A child may have difficulty moving a leg and arm on one side of the body. The child may walk with crutches but usually learns to walk with no special equipment.

The child with cerebral palsy will often need special attention in school, depending on what kind of handicap he has. He will usually start school at an earlier age and will have many special teachers that will help him learn arithmetic, reading, science, social studies, writing, and language.

The physical therapist teaches him how to move better. She may teach him to walk with special equipment such as crutches or walkers. She may teach him to use a wheelchair.

The occupational therapist teaches dressing skills, how to eat with or without special equipment, to type, or to use his hands better.

The speech therapist will teach the cerebral palsy child to use the muscles of his mouth so that he can talk and communicate better. If the child cannot speak, the speech therapist will help plan other ways for him to communicate.

When the child has hearing and/or vision problems, teachers in those areas will help in the education of the child.

All of these people, together with the parents, will help the cerebral palsy child to grow up and learn to be a more successful contributor to our society. Some will need the assistance of special schools and teachers for a long time, while others will not.

Bibliography of Children's Books Dealing with Handicaps

Armer, Alberta, *Screwball*, Cleveland, World Publishing Company, 1963. This is a story about twins. One, Mike, had polio. It left his arm weak and clumsy. He earns the name Screwball because he is poor at baseball, but he finds another way to be successful when he builds a racer. (Ages 11-13)

Baastad, B. F., *Kristy's Courage*.

Beim, Gerrold, *The Smallest Boy in the Class*, *Marrow*, 1949. A story about the smallest boy in the class who proves that size is not all that matters. Easy to read. (Ages 6-8)

Burnett, Francis, *The Secret Garden*, Philadelphia, Lippincott, 1962.

Carlson, *Born That Way*, *The autobiography* of a man born with cerebral palsy. An inspirational story of how he fights against the odds to get through college and medical school. (Ages 14 +)

Caudill, Rebecca, *Certain Small Shepherd*, Holt 1965. A story set in Appalachia whose main character, Jamie, is mute. He is able to play the role of the good shepherd at Christmas in spite of his handicap. (Grades 2-6)

Cunningham, Jim, *Burnish Me Bright*, Pantheon, 1970.

DeAngile, Marguerite, *The Door in the Wall*, New York, Doubleday & Company Inc., 1949. This is a dramatic story about Robin, the crippled son of a great lord. He proves his courage and wins the king's recognition. It is set in 13th century England. (Grade 7 +)

Fassler, J., *Howie Helps Himself*, Chicago, Albert Whitman & Co., 1975. (Grades 1-3)

Forbes, Esther, *Johnny Tremain*, Boston, Houghton Mifflin, 1943. This distinguished book of historical fiction is set in Boston during the American Revolution. The title character has a crippled hand from an accident in the silver shop where he works as an apprentice. How he deals with people's reactions is an important part of the book.

Frick, C. H., *Five Against the Odds*, New York, Harcourt Brace, 1955. A high school basketball star who contracts polio is the main character. He must wear a brace and use crutches.

Grohskopf, B., *Shadow in the Sun*, New York, Atheneum, 1975. (Grades 6+)

Killilea, Marie, *Karen*, New York, Prentice-Hall Inc., 1952.

_____, *With Love From Karen*.

Karen and its sequel *With Love From Karen* are written by the mother of a child born with cerebral palsy. It is a very heartwarming story and very realistic. It tells about the family's struggle to get medical and educational services for their severely handicapped daughter. (Ages 14 +)

Kraus, Robert, *The Littlest Rabbit*, New York, Harper & Row, 1961. This is a story about prejudice. The littlest rabbit grows up and helps other little rabbits so that they will not be eased or bullied.

Little, Jean, *From Anna*, New York, Harper & Row, 1972. The story is set in Canada and is about a nine-year-old girl. (Ages 9-11)

Little, Jean, *Mine for Keeps*, New York, Little, Brown, & Co., 1962. This is a story about Sally, a cerebral palsied girl who lives in Ontario. She returns home to live with her family after five years at a special school. (Ages 9-11)

_____, *Take Wing*, Little Brown, And Co., 1968. This is a story about shyness and making friends. (Ages 5-13)

_____, *Spring Begins in March*, Little Brown, and Co., 1966. (Ages 3-7)

Luis, Earline W. & Millar, Barbara F., *Wheels for Ginny's Chariot*, New York, Dodd, Mead, & Co., 1966. The story of a high school girl who is paralyzed from the waist down because of an automobile accident. She is confined to a wheelchair and is starting school in a special school for the handicapped. It contains a good description of Ginny's feelings of frustration and being different. (Ages 11-13)

Mullok, Dinah Maria, *The Little Lame Prince*, New York, Harper & Brothers, n.d. This story emphasizes the importance of teaching, helping, and enabling the handicapped person to become as independent as possible. Although it is an older book and a fairy tale, it is a very good story.

Newfield, *Touching*.

Savitz, Harriet May, *On the Move*, The John Day Company, 1973. This story is about a girl who is crippled from the waist down. She meets several other handicapped people who help her realize she can be more independent. (Ages 8-13)

Smith, Vian, *Tall & Proud*, New York, Doubleday & Company, 1966. This is the story of Gail, who develops polio as a teenager. It deals with the emotional reactions and relationships of Gail and her family. She gives up, until a horse helps bring back her desire to recover. (Ages 11 +)

Southhall, Ivan, *Let the Balloon Go*, New York, St. Martin's Press, 1968. This story, which takes place in Australia, is about John, who has spastic cerebral palsy. It shows that handicapped children must be allowed to grow if they are to achieve independence. (Ages 8-13)

Stanek, Murial, *Tall Tina*, Whitman Books, 1970. This story is about a girl who is made to feel uncomfortable because she is different. It tells how she handles this problem. It provides a lesson on empathy. (Ages 6-9)

Stein, Sara Bonnett, *About Handicaps*, New York, Walker & Company, 1974. This is a story about Joe and Matthew. Joe has cerebral palsy. Sometimes Matthew is afraid of Joe. This beautiful book with excellent photographs is about how Matthew's father helps him understand his feelings. (Ages 11 +, but can be read to much younger children)

Sutcliff, Rosemary, *The Witches Brat*, New York, Henry Z. Walck, 1970. This is a historical book about the founding of St. Bartholemew's Hospital. It is centered around a crippled boy in 12th-century England. (Grades 8+)

Valens, Evans G., *A Long Way Up*, New York, Harper & Row, 1966.

Watson, Sally, *Other Sandals*, New York, Holt, Reinhart & Winston, 1966. This story about life in Israel centers on a boy named Eytan. Eytan has a limp as a result of an automobile accident. It deals with his initial resentment and fear and describes how others react. (Ages 14 +)

Weik, Mary Hays, *The Jazz Man*, New York, Atheneum, 1966. This story is about a young black boy who limps. The children tease him, so he stays upstairs and watches life from his window. (Grades 2+)

Wolf, Bernard, *Don't Feel Sorry for Paul*, Philadelphia, J. P. Lippincott Co. (Grades 3-6)

Bibliography for Teachers

Information About Handicapped

Bleck, E. E. and Nagel, D. A. *Physically handicapped children: A medical atlas for teachers.* New York: Grune & Stratton, 1975.

Couse, Penny R. *A guide to teaching the physically handicapped child in the regular classroom.* Unpublished manuscript, 1976. (Available from multiple handicapped program, 673-0494)

Gearhart, B. R. and Weishahn, M. W. *The handicapped child in the regular classroom.* St. Louis: The C. V. Mosby Co., 1976.

Hoslam, Robert H. A. and Valletutti, Peter J. (Eds.) *Medical problems in the classroom; the teacher's role in diagnosis and management.* Baltimore: University Park Press, 1975.

Attitude Change

Simon, S. B., Howe, L. W., and Kirschenbaum, H. *Values clarification.* New York: Hart Publishing Co., Inc., 1972.

Wells, H. C. and Canfield, J. *One hundred ways to enhance self concept in the elementary classroom.* Englewood Cliffs, New Jersey: Prentice-Hall, 1976.

Behavior Change

Blackham, G. J. and Silberman, A. *Modification of child behavior.* Belmont, California: Wadsworth Publishing Co., Inc.

Sheppard, W. C., Shank, S. B., and Wilson, D. *Teaching social behavior to young children.* Champaign, Illinois: Research Press, 1973.

Sulzer, Beth and Mayer, G. Roy. *Behavior modification procedures for school personnel.* Hinsdale, Illinois: The Dryden Press, Inc.

General

Englemann, S. *Preventing failure in the primary grades.* Chicago: Science Research Associates, 1969.

Gordon, T. *Teacher effectiveness training.* New York: Peter H. Wyden, 1974.

Kroth, R. L. *Communicating with parents of exceptional children.* Denver: Love Publishing Co., 1975.

Appendix B

A Resource Guide in Support of the 20 Concurrent Sessions

A Resource Guide in Support of the 20 Concurrent Sessions

Compiled by Louise Knight and Kristi Francis

Concurrent Sessions I and II

1. *LEGAL CONSIDERATIONS AND LRCs AS ADVOCATES FOR THE DELIVERY OF PROGRAMS AND SERVICES.*

WHO COULD YOU CONTACT IF YOU NEEDED . . .

A—To procure copies of and descriptive information on laws, legislation, legal issues (due process, privacy, parent and child rights, etc.).

B—To procure citations, transcripts, decisions for landmark court cases and precedents established in areas such as confidentiality, due process, etc.

C—Assistance in doing legal research on student and parent rights, statute formulation, legal analysis, etc.

D—Assistance in formulating school district policy and action regarding legal rights of students and parents.

(1A,B,C,D) Governmental Relations Unit
Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091
Contact: Dr. Alan Abeson, Assistant Director
(703) 620-3660 FTS (900) 620-3660
Toll Free: (800) 336-3728

Offers in addition to an array of publications, technical assistance in policy analysis; administrative problems; as well as consultant work. Is currently rewriting all regulations in special education for the state of Connecticut that are in current use as a basis for future policies, aligning with current practice and federal legislation. Offers training institutes; conferences; workshops—by special arrangement or by preformulated contractual basis.

* * *

(1A, B,C,D) National Center for Law and the Handicapped, Inc.
1235 North Eddy Street
South Bend, Indiana 46617
Contact: Mr. Tom O'Donnell, Education Specialist
(219) 288-4751

A national clearinghouse of information on the rights of the handicapped. Has the capacity to provide more than just clearinghouse services. Attorneys and legal interns provide technical and legal assistance. Will travel. Give seminars and conferences. From time to time participate in certain court cases with clients, on a supportive or consultive basis.

* * *

(1A,B,C,D) National Organization on Legal Problems of Education (NOLPE)
5401 S. W. 7th
Topeka, Kansas 66606
Contact: Dr. M. A. McGhehey, Executive Secretary
Mr. Darel Semler, Research Attorney
(913) 273-3550

Legal analysis; legal briefs; publications dealing with statutory laws for the most part. Specialized workshops in school law, prefabricated or on client demand. Covers all aspects of educational legislation and student rights.

(1A,B,C) Congressional Legal Research Services
Library of Congress
10 First Street, S. E.
Washington, D.C. 20540
Contact: Carlton Kenyon, Chief Law Librarian
(202) 426-5000 (Ask for LRS)

Will provide quick references to telephonic inquiries; more involved responses provided to queries sent via correspondence. Has copies of all state and federal laws, as well as those for most foreign countries and places outside continental U.S. Accepts queries from researchers, administrators, legislators, lawyers, educators, etc. Will search for legislation in area of severely and moderately handicapped.

* * *

Contact: Mr. Merle McClung
(617) 495-1234 FTS (803) 4666

Backup center for neighborhood legal services of office. Covers full range of clients. Publications dealing with legislative rights and problems of handicapped and bilingual minorities, ethnic groups, bias, etc.

(1A,B) Research and Information Services (Resource Center)
Education Commission of the States
300 Lincoln Tower
1860 Lincoln Street
Denver, Colorado 80203
Contact: Mr. Russell Vlaanderen, Director, Research and Information Services
Mr. Kris Pipho, Associate Director, Research and Information Services
Mrs. Gladys H. Mills, Coordinator, Resource Center
(303) 893-5200

Interstate compact organization providing information on all aspects of education and educational politics. Primarily engaged in statutory analysis. Reviews all legislation dealing with education (about 10,000 pieces of legislation per annum). Provides technical assistance in governance and policy issues. Information resource for state administrators along with the entire array of educational legislation. Weekly newsletter "Legislative Review." Specialty: Trend or significant court cases.

* * *

(1A) Select Sub-Committee on Education
U.S. House of Representatives
The Capitol
Washington, D.C. 20515
Contact: Tom Birch
The Chairman
(202) 225-5954

Will respond to requests for information about legislation "in the works," current status and future prospects for exit form Committee. The two people listed above specialize in providing information about pending legislation dealing with the education of the handicapped and discrete portions of any legislation in Committee that relates specifically to the severely handicapped.

* * *

(1A)

Senate Document Room
U.S. Capitol Building
Washington, D.C. 20510
(202) 224-2115

House Document Room
U.S. Capitol Building
Washington, D.C. 20515
(202) 225-3456

Will honor mail requests for copies of bills or laws. Can furnish up to three copies only. Client must provide bill or law number. Will accept phone inquiries but prefer written requests. No particular contact person—whoever answers.

* * *

LRCs as Advocates for the Delivery of Programs and Services for the Severely Handicapped
2. LEAST RESTRICTIVE ALTERNATIVES

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—Definitions of least restrictive environment.
B—How to make an environment less restrictive.
C—Those factors helpful to determining a least restrictive environment.

(2A,B,C)

Badger School
501 East Badger Road
Madison, Wisconsin 53713
Contact: Mr. Robert T. York, Program Coordinator of MAZE
(608) 271-7221

MAZE is a demonstration project to provide an example program for severely handicapped in Madison public schools.

(2A,B,C)

Chicago Early Childhood Education Program (CECEP)
1640 West Roosevelt
Chicago, Illinois 60608
Contact: Dr. Carol Peterson & Dr. John Fuller, Co-Directors
(312) 341-7754

This is a program for severely/profoundly retarded children who would otherwise be in institutions which is a cooperative effort of the Chicago Board of Education, the Illinois Institute for Developmental Disabilities, and the University of Illinois.

* * *

(2A,B,C)

C. Louis Meyer Children's Rehabilitation Institute
University of Nebraska Medical Center
444 South 44th Street
Omaha, Nebraska 68105
Contact: Paul Pearson, M.D., Director
(402) 541-4733

(2A,B,C)

Center for Innovation in Teaching the Handicapped
School of Education
2805 East 10th Street
Indiana University
Bloomington, Indiana 47401
Contact: Judy Gehlhauser, Administrative Assistant
(812) 337-5847
(812) 332-0211 Indiana University Information

* * *

(2B)

CEC Training Institutes
Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091
Contact: Don Ericson, Information Specialist
(703) 620-3660 FTS (900) 620-3660

* * *

(2B,C) Teacher Training Programs
Education Service Center
Region XIII
Austin, Texas 78752
Contact: Dr. Ben Wallace, Coordinator of Special Education
Division of Instructional Services
(512) 458-9131, ext. 70

* * *

(2A,C) Project on Law and Behavior
2437-A University Blvd.
Houston, Texas 77005
Contact: Mr. Reed Martin
(713) 529-7691

* * *

(2B,C) Educational Services
University of Iowa Hospitals and Clinics
Child Psychiatry Service
500 Newton Road
Iowa City, Iowa 52240
Contact: Request information by written request.

Information on least restrictive alternatives for autistic children.

* * *

LRCs as Advocates for the Delivery of Programs and Services for the Severely Handicapped
3. *MODELS FOR INTEGRATION OF PERSONS WITH MODERATE TO PROFOUND HANDICAPS—COMMUNITY SERVICES AND PROGRAMS*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—Sources of community mobilization (task forces, advisory committees).
B—Coordination of service agencies.

NATIONAL:

(For public inquiries of all research & training programs sponsored by the various NIH's in areas related to disabling diseases and disorders)
Office of Information
National Institutes of Health, Building 1
9000 Rockville Pike
Bethesda, Maryland 20014
Contact: Irving Goldberg, Director of Information
FTS 496-5787 or 496-2535

(For information on maternal and child health research for the handicapped)
Office for Maternal & Child Health
Bureau of Community Health Services
5600 Fishers Lane
Rockville, Maryland 20852
Contact: Associate Bureau Director
(301) 443-2180

(For information on community services for mentally retarded children)
Health Services Administration
Bureau of Community Health Services
U.S. Department of HEW
Public Health Service
5600 Fishers Lane
Rockville, Maryland 20852
Contact: Rudolf P. Hormuth, Specialist in Services for MR Children

(For information on services for crippled children in the community)
Bureau of Community Health Services
Room 12-05 Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20852
Contact: Associate Bureau Director, MCH
(201) 443-6600

(For information on mental health community programs)
National Institute of Mental Health (NIMH)
5600 Fishers Lane
Rockville, Maryland 20852
Contact: Director, Division of Manpower & Training Programs
(301) 443-4257
Director, Division of Special Mental Health Programs
(301) 443-3533
Director, Division of Mental Health Service Programs
(301) 443-3606

* * *

(3B) National Association of Coordinators of State Programs for the Mentally Retarded, Inc.
2001 Jefferson Davis Highway
Arlington, Virginia 22202
Contact: Robert Gettings, Executive Director
(703) 920-0700

* * *

(3A) National Foundation Center
1001 Connecticut Avenue, N.W.
Washington, D.C. 20036
(Branch Office)
801 S.W. Yamhill
Portland, Oregon 97205
Contact: Cecil Carpenter, General Information
(503) 223-7201, ext. 63

This center makes available a summary of all different groups that set up grants; lists and describes grants available through various foundations; is able to suggest what funding sources are available for community programs or projects.

REGIONAL:

OFFICE FOR HANDICAPPED INDIVIDUALS Regional Coordinators
(general managers of all HEW operations within regions)

Montana, Wyoming—Region VIII:
Mr. Howard Rosen
Federal Office Building
1961 Stout Street
Denver, Colorado 80202
(303) 837-4106

Hawaii, Pacific Territories (Guam and American Samoa)—Region IX:
Ms. Martha Hislop
Federal Office Building
50 Fulton Street
San Francisco, California 94102
(415) 556-0251

Alaska, Idaho, Oregon, Washington—Region X:

Dr. Sid Justice
Dexter Horton Building
710 Second Avenue
Seattle, Washington 98101
(206) 442-5331

* * *

STATE:

Oregon:

State of Oregon Department of Human Resources
Mental Health Division
2575 Bittern Street, N.E.
Salem, Oregon 97310
(503) 378-2429

Contact: Don Trumbull, Chief of Day Training Programs for the Mentally Retarded & Developmentally Disabled
Eleanor Miller. Chief of Community Residential Programs for the Mentally Retarded & Developmentally Disabled
Meredith Broadsky, Manager of Trainable MR Programs for the Mentally Retarded and Developmentally Disabled

These people have names of local service coordinators in the Mental Health Clinics in each county who evaluate clients and direct them to the proper resource. Therefore, the local county coordinators are fine resource people for community programs for all handicaps, including epilepsy, cerebral palsy, retarded citizens, etc.

Also

Contact: David A. Isom, Assistant Administrator, Programs for Mental Retardation & Developmental Disabilities
(503) 378-2429
D. M. Kole, M.D., Assistant Administrator, Programs for Mental or Emotional Disturbances
(503) 378-2460
John Estelle, Ed.D., Chief, Manpower Development
(503) 378-2695

The above-listed people are familiar with funding community programs and services. In Oregon, no separate office for funding community programs exists.

Washington:

Mr. Wayne Spence
Supervisor, Special Services and Federal Programs Coordinator
State Department of Public Instruction
P. O. Box 527
Olympia, Washington 98501
(206) 753-6733 FTS 434-6735

A just-published statewide resource list of special educational services available for all handicapped persons will be an excellent resource.

Mr. Donald Whitney
Director of Special Education, ESD 110
1410 South 200
Seattle, Washington 98148
(206) 242-9400, ext. 12

Alaska:

Frank Sherman
Coordinator of Federal Programs
State Department of Education
Pouch F
Juneau, Alaska 99801
(907) 465-2904

Wyoming:

Wyoming State Department of Education
Hathaway Building
Cheyenne, Wyoming 82002

Contact: Nan Patton, Public Information Officer, Department of Education
(307) 777-7673
Kathleen Verville, Early Childhood Education Consultant
(307) 777-7411
Cone J. Munsey, Ed.D., Mental Health and MR Services
(307) 777-7351
Information Services
(307) 777-7621

Hawaii:

Hawaii Health & Community Services Council
200 North Vineyard Blvd., Room 602
Honolulu, Hawaii 96817
(808) 521-3861
State Department of Education
Branch for Children with Special Needs
1270 Queen Emma Street, Room 805
Honolulu, Hawaii 96813

Contact: Miles Kawatachi, Director
Camille Almy, Program Specialist for Severely Handicapped

Montana:

Office of Superintendent of Public Instruction
State Capitol
Helena, Montana 59601

Contact: Mr. Larry Holmquist, Supervisor, Special Education
(406) 449-2057 FTS 587-2057

Idaho:

Idaho State Department of Education
Len B. Jordon State Office Building
Boise, Idaho 83720

Contact: Dr. Judy Schrag, Director
(208) 384-2203 FTS 554-2203

LRCs as Advocates for the Delivery of Programs and Services for the Severely Handicapped
4. *PARENT INVOLVEMENT IN DECISION MAKING*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—Organizations, institutions having outreach programs for parents (awareness)
B—Which programs involving parents produce individual programming (involvement)

(4A,B) Judevine Center for Autistic Children
8667 Olive Street
St. Louis, Missouri 63132
(314) 997-2315

Training parents in behavior modification of autistic children. Also a residential program. Handles children 3-10 years of age. Has demonstration classrooms which serve as practicum sites for universities.

* * *

(4A,B) National Information Center for the Handicapped
CLOSER LOOK
(a project of the U.S. Department of HEW, Office of Education, Bureau of Education for Handicapped)
Box 1492 (1201 Sixteenth Street, N.W.)
Washington, D.C. 20013

Contact: Dorothy Dean
(202) 833-4160

Practical advice to parents, human rights legislation, etc.

* * *

(4A,B) Project ACTIVE
Thomas M. Vodola, Ed.D.
Township of Ocean School District
Dow Avenue
Oakhurst, New Jersey 07755
(201) 229-4100, ext. 260

Parent/teacher information and consulting services; puts on workshops.

* * *

(4B) Parenting Materials Information Center
Component Coordinator
Early Childhood Division
Southwest Educational Development Laboratory
211 East 7th Street
Austin, Texas 73701
Contact: Dr. Joyce Evans, Special Projects
(512) 476-6861

* * *

(4B) Project for Facilitating Educational Achievement
Through Telecommunications (FEATT)
South Campus Courts Building E
Purdue University
West Lafayette, Indiana 47907

* * *

(4B) United Cerebral Palsy Association of N.W. Oregon
and S.W. Washington
7117 S.E. Harold Street
Portland, Oregon 97206
(503) 777-4167

Sponsors the Clackamas County IED family-centered infant program. A child development specialist links the family to existing services in the community, teaches the parenting skills required to cope with the child's handicap. A home teacher works with families of developmentally delayed infants and children under three.

* * *

(4B) Director, Developmental Disabilities Office
Office of Human Development, DHEW
Washington, D.C. 20201
(202) 245-0335

(4B) Project TELEPAC
Exceptional Child Center
UMC 68
Utah State University
Logan, Utah 84322

Contact: Dr. Glenn Latham
(801) 752-4100

Parent involvement packages for teaching self-help and basic academic skills.

* * *

(4B) Merrimack Education Center
101 Mill Road
Chelmsford, Massachusetts 01824

Publications in home/school/community; details steps in establishing a parent advisory council; has an information component.

LRCs as Advocates for the Delivery of Programs and Services for the Severely Handicapped
5. *COORDINATION OF SERVICES VIA CHILDREN*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—Public agencies other than community.
B—Social agencies and community programs having related or correlated activities and services.
C—Referral procedures to social agencies.

NATIONAL:

(5A,B,C) National Information and Referral Service for Autistic and Autistic-like Persons
306 31st Street
Huntington, West Virginia 25702
(304) 697-2638

* * *

(5A,B,C) National Easter Seal Society
2023 West Ogden Avenue
Chicago, Illinois 60612
Contact: Keith Roberts, Director of Public Relations
(312) 243-8400

* * *

(5A,B,C) United Cerebral Palsy Associations, Inc.
66 East 34th Street
New York, New York 10016
Contact: Earl H. Cunerd, Executive Director
(212) 889-6653

* * *

STATE:

These projects provide assistance to parents in each catchment area in assessing needs and accessing services for handicapped children referred to the project.

(5C) Portland Direction Services
Child Service Center
220 Northeast Beech Street
Portland, Oregon 97212
Contact: Diana Devers
(503) 288-5361

* * *

(5C) Direction Service
Educational Service District No. 112
910 Minnehaha Street
Vancouver, Washington 98665
Contact: Marsha Ehle
(206) 694-8593

* * *

(5C) Direction Service
Child Development Center
Region IV—Idaho Department of Health and Welfare
801 Reserve
Boise, Idaho 83702
Contact: Larry Bender
(208) 384-3411 FTS 554-2240

* * *

COUNTY:

(5A,B,C) *Information and Referral Services*

Comprehensive, centralized, free information and referral services independently formed by county governments for any kind of health or social service related problems. They collect, edit, disseminate information about all human services within the county. They publish directories and have profiles on all known public and private nonprofit (and some charitable) organizations operating within the county. Information includes such things as physical, recreational, educational facilities, specialized equipment and training, listings of private professionals in county, contacts outside of county and state.

Oregon:

CARES Referral Service
132 East Broadway
Eugene, Oregon 97401
Contact: Carol Henderson, Supervisor
(503) 687-4000

* * *

Idaho:

Information Referral Service, Inc.
120 West Idaho Street
Boise, Idaho 83702
Contact: Ann Gossi, Service Worker
Bev Mitchell, Service Worker
(208) 343-4996

* * *

Hawaii:

Volunteer, Information and Referral Service
200 North Vineyard Boulevard, Room 603
Honolulu, Hawaii 96817
Contact: Information person
(808) 538-6792

* * *

Wyoming:

Cheyenne Information and Referral Service, Inc.
415 East Pershing Boulevard
Cheyenne, Wyoming 82001
Contact: Mrs. Nola Hughes, Director
(307) 635-4105
Toll free (800) 442-2744

* * *

Alaska:

Easter Seal Society for Alaska
Crippled Children and Adults, Inc.
P. O. Box 2432
Anchorage, Alaska 99510
Contact: Don Clement, Executive Director
(907) 274-1641, 277-1324

* * *

Washington:

United Way Information and Referral Service
1701 17th Avenue
Seattle, Washington 98122
Contact: Ms. Ann McClean, Research
(206) 447-3711, or
(206) 323-2100

* * *

LRCs as Advocates for the Delivery of Programs and Services for the Severely Handicapped
6. *ARCHITECTURAL BARRIERS: AWARENESS AND PLANNING*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—Definitions of and guidelines for locations of barriers.
B—Where to find assistance in long-range planning.

(6A,B) Easter Seal Society for Crippled Children and Adults of Washington
521 2nd Avenue West
Seattle, Washington 98119

Publishes "Barrier-Free Design for the Disabled." First 10 free; then 25¢ each.

* * *

(6B) The Council of Educational Facilities Planners
29 West Woodruff Avenue
Columbus, Ohio 43210

Publishes EDUCATIONAL FACILITIES DIGEST written by the ERIC Clearinghouse, which includes facilities for the handicapped.

* * *

(6B) Educational Facilities Labs (EFL)
477 Madison Avenue
New York, New York 10022

Publishes reports on school planning for the handicapped.

* * *

(6A,B) Oregon Architectural Barriers Council
Darrel Ackerman, Physical Plant Planner, U. of O.
2250 Churchill
Eugene, Oregon 97405

* * *

(6A,B) United Cerebral Palsy Associations, Inc.
66 East 34th Street
New York, New York 10016
(212) 889-6655

* * *

(6A) Architectural & Transportation Barriers Compliance Board
Washington, D.C. 20201
Contact: Larry Allison, Director of Public Information
(202) 245-1591

Concurrent Sessions III and IV

Appraisal/Programming/Instructional Materials

1. *CLASSROOM IMPLICATIONS OF MEDICAL CONDITIONS OF SEVERELY AND PROFOUNDLY HANDICAPPED PERSONS*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—How educational tasks can be structured to help children circumvent handicaps.
B—Managing medical problems in the classroom.

(1A,B) John F. Kennedy Child Development Center
University of Washington School of Medicine and Child Psychology
University of Washington
Seattle, Washington 98195
Contact: Ms. Earline Anderson, Information Services, Child Development and Mental Retardation Center, WJ-10
(206) 543-8682 FTS 392-2100

* * *

(1A,B) John F. Kennedy Diagnostic Center
420 N. Raynor Avenue
Joliet, Illinois 60435
Contact: Information Specialist
(815) 727-6431

* * *

(1A,B) John F. Kennedy Child Development Center
University of Colorado School of Medicine
Denver, Colorado 80907
Contact: Henry L. Fischer, Ph.D., Assistant Professor of Clinical Psychology

* * *

(1A,B) Association of University Affiliated Facilities Concerned with MR and Other Developmental Disabilities
Suite 908
1100 Seventeenth Street, N.W.
Washington, D.C. 20036
Contact: Ms. Tony Jacobs, Data Base Liaison
(202) 333-7880

* * *

(1A,B) Department of Child Health and Development
Children's Hospital
Washington, D.C. 20009
Contact: Mark Ozer, M.D., Director, Program for Learning Studies
(202) 745-5000

* * *

(1B) Robert Thain, M.D.
ECC UMC 68
Utah State University
Logan, Utah 84322
General information and specific background on nutrition and retardation.

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Appraisal/Programming/Instructional Materials

2. *ASSESSMENT/PROGRAMMING*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .

A—Team approach to assessment (determining needs and setting goals).

B—Programs/projects (models) using individualized approaches to prescriptive programming.

(2A,B) National Assessment of Educational Programs
A Project of Education Commission of the States
300 Lincoln Tower
1860 Lincoln Street
Denver, Colorado 80203
Contact: Jack G. Schmidt, Director of Field Services
(303) 893-5200

* * *

(2A,B) First Chance Project
Kent State University
9772 Diagonal Road
Mantua, Ohio 44255
Contact: Fran Archer, Project Manager
(216) 274-2272

Has summary of a review of assessment devices for children chronologically and/or developmentally delayed under one year.

* * *

(2A) Experimental Education Unit
University of Washington
Seattle, Washington 98195
Contact: Dr. Norris G. Haring, Director EEU
Dr. Alice H. Hayden, Associate Director EEU
(206) 543-2100 (general UW info)

Appraisal/Programming/Instructional Materials

3. *CLASSROOM MANAGEMENT FOR THE SEVERELY HANDICAPPED*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .

A—Data-based classrooms.

(3A) American Association for the Education of the Severely/Profoundly Handicapped
P. O. Box 15287
Seattle, Washington 98115
Contact: Dr. Norris Haring, University of Washington
(206) 543-2100

An advocate organization for the development of educational services from birth through adulthood; pre-service and inservice teacher training programs; curriculum design and materials; facilitates parent involvement.

* * *

(3A) Research and Demonstration Center for the Education of Handicapped Children
Teachers College
Columbia University
Box 51
525 West 120th Street
New York, New York 10027
Contact: Dr. Frances P. Connor, Director

* * *

(3A) Program Officer, Projects for Severely Handicapped
Special Services Branch
Bureau of Education for the Handicapped
400 Maryland Avenue, S.W.
Washington, D.C. 20202
(202) 245-9815

Appraisal/Programming/Instructional Materials

4. *ADAPTIVE EQUIPMENT*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—Equipment allowing for interaction with environment.
B—Equipment of devices built for specific tasks.
C—Equipment of devices meeting individual specifications.
D—The relationship of equipment and devices to a least restrictive environment.

(4A,B) Adaptive Systems Corporation
655 Sky Way, Suite 212
San Carlos, California 94070
Contact: By written request.

Descriptive system (ISAARE) on adaptive/assistive equipment in schools.

* * *

(4A,B,C,D) Accent on Information (AOI)
Accent on Living, Inc.
P. O. Box 700
Bloomington, Illinois 61701
Contact: Bernice Hedmark, Information Specialist
(309) 378-4213

Booklets, computer searches, journal, information on assistive devices and commercial products.

* * *

(4C,D) Educational Facilities Laboratories
477 Madison Avenue
New York, New York 10022

* * *

(4A,B,C,D) United Cerebral Palsy Associations, Inc.
66 East 34th Street
New York, New York 10016
(212) 889-6655

Appraisal/Programming/Instructional Materials

5. *IEP MODEL*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—IEP process.

(5A) Curriculum Research and Development Center in Mental Retardation
Yeshiva University
55 Fifth Avenue
New York, N.Y. 10003
(212) 255-5600

General information.

* * *

(5A) Special Services Branch
Bureau of Education for the Handicapped
400 Maryland Avenue, S.W.
Washington, D.C. 20202
Contact: Program Officer, Projects for Severely Handicapped
(202) 245-9815

Comprehensive diagnostic, prescriptive, educational/training, and evaluative services to severely handicapped children and youth, inservice training of staff, dissemination of materials and information, and construction.

Appraisal/Programming/Instructional Materials

6. *ANCILLARY SERVICES: ROLE OF THE OCCUPATIONAL THERAPIST, PHYSICAL THERAPIST, SPEECH PATHOLOGIST*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—How therapy specialists can help a program.
B—Occupational therapy programs.
C—Physical therapy programs.
D—Recreational therapy programs.
E—Music therapy programs.
F—Speech therapy programs.

(6A) ICD Rehabilitation & Research Center
340 East 24th Street
New York, New York 10010
(212) 679-0100

Programs and evaluation in vocational rehabilitation.

* * *

(6A,B,C,D) United Cerebral Palsy Association, Inc.
66 East 34th Street
New York, New York 10016
Contact: Earl H. Cunerd, Executive Director
(212) 889-6655

* * *

(6A,B,C,D) National Easter Seal Society
2023 West Ogden Avenue
Chicago, Illinois 60612
Contact: Keith Roberts, Director of PR
(312) 243-8400

* * *

(6E) Music Therapy Index and Abstracts (MTI/MTA)
Division of Music, Meadows School of the Arts
Southern Methodist University
Dallas, Texas 75275
(214) 692-2712

* * *

(6F) Nonoral Communication System Project
University Hospital School
University of Iowa
Iowa City, Iowa 52402
Contact: By written request.

* * *

(6F) Language Intervention Systems for the Retarded
Lurleen Wallace Developmental Center
P. O. Box 2224
Decatur, Alabama 35601
Contact: Macalyne Fristoe, Ph.D.

* * *

(6A,B,C) Clinical Services Program
University of Oregon
Clinical Services Building
Eugene, Oregon 97403
Contact: Sally Johnson, Speech Pathologist
Judith Drews, MA, LPT, Physical Therapy Consultant for
Oregon's Crippled Children's Division
(503) 686-3591

Appraisal/Programming/Instructional Materials
7. THE CASE FOR EARLY INTERVENTION

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—Programs/projects designed to work with pre-schoolers and their parents.
B—Infant assessment.

(7A) The *First Chance* Network
(over 150 preschool projects funded by Handicapped
Children's Early Education Act)
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina 27514
Contact: Dr. James J. Gallagher, Director
(919) 966-4121
(919) 967-9221

* * *

(7B) Exceptional Child Research Program
Teaching Research Infant and Child Center
Todd Hall
Monmouth, Oregon 97361
Contact: Ms. Torry Furey, Assistant Research Professor
Dr. H. D. Bud Fredericks, Research Professor

Concurrent Sessions V and VI

Training & Technical Assistance

1. *THE INTERRELATIONSHIPS OF NEEDS ASSESSMENTS AND TEACHER COMPETENCIES FOR THE SEVERELY HANDICAPPED*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .

A—Competencies most needed by special education teachers and supervisors in order to discover appropriate focus of teacher training.

B—Assessing training based on the competencies.

(1A,B) Oregon Competency Based Education Program
3000 Market N.E.
Monmouth, Oregon 97361
(503) 585-1603

* * *

(1A,B) Department of Special Education
George Washington University
Washington, D.C. 20052
(202) 676-6000

* * *

(1A,B) Severely Handicapped Personnel Preparation Program
Experimental Education Unit, WJ-10
University of Washington
Seattle, Washington 98195
Contact: Leonard A. Kenowitz, Project Mgr.
(206) 543-2100 (UW info)

Training & Technical Assistance

2. *EVALUATING TRAINING AND TECHNICAL ASSISTANCE FOR THE SEVERELY HANDICAPPED*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .

A—Evaluating training programs.

B—Evaluating the quality of technical assistance.

Exceptional Child Center
Department of Special Education
Utah State University
Logan, Utah 84322
Contact: Glenn Latham, Director, Division of Research and Evaluation

* * *

Developmental Disabilities/Technical Assistance System
University of North Carolina
Room 300, NCNB Plaza
136 East Rosemary Street
Chapel Hill, North Carolina 27514
Contact: Information Assistant
(919) 966-2296

Training & Technical Assistance

3. *PLANNING, CONDUCTING, AND EVALUATING WORKSHOPS*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—Analyzing training problems.
B—Designing learning activities.
C—Motivating adult learners.
D—Increasing the impact of training.
E—Evaluation techniques and follow-up.

State of Iowa Department of Public Instruction
Grimes States Office Building
Des Moines, Iowa 50319
Contact: Mark Feustel, Consultant, Severely and Profoundly Handicapped
Steve Maurer, Consultant, Severely and Profoundly Handicapped
(515) 281-3176

Aid to planning inservice sessions.

* * *

Northwest Special Education Learning Resources System
Clinical Services Building
University of Oregon
Eugene, Oregon 97403
Contact: Forest Hertlein, Ph.D., Learning Resource Specialist
(503) 686-3591

Training & Technical Assistance

5. *THE ROLE OF TRAINING INSTITUTIONS IN THE PREPARATION OF TEACHERS FOR THE SEVERELY HANDICAPPED*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—Guidelines for development and evaluation of pre-service competency-based teacher training programs.

Research & Demonstration Center for the Education of Handicapped Children
Teachers College
Columbia University, Box 51
525 West 120th Street
New York, New York 10027
Contact: Dr. Frances P. Connor, Director

* * *

Personnel Training Program for the Education of the Severely Handicapped
Kansas Neurological Institute
3107 West 21st Street
Topeka, Kansas 66604

Publishes EDUCATIONAL TECHNOLOGY FOR THE SEVERELY HANDICAPPED, 1975; a comprehensive bibliography.

* * *

Research and Development Centers are somewhat more research oriented than the Regional Educational Laboratories. Centers, first authorized under the Cooperative Research Act of 1954, study the nature of different aspects of human development and learning in order to develop a rational basis for educational practices. Some of their products include microteaching, individualized learning, and the multi-unit school.

Center for Educational Policy and Management
University of Oregon
1472 Kincaid
Eugene, Oregon 97403
(503) 686-5171

Center for Occupational Education
North Carolina State University
P. O. Box 5096
Raleigh, North Carolina 27607
(919) 737-3127

Center for Social Organization of Schools
Johns Hopkins University
3505 North Charles Street
Baltimore, Maryland 21218
(301) 366-3582

Center for the Study of Evaluation
UCLA Graduate School of Education
145 Moore Hall
405 Hilgard Avenue
Los Angeles, California 90024
(213) 825-4711

Center for Vocational Education
The Ohio State University
1900 Kenny Road
Columbus, Ohio 43210
(614) 486-3655

Learning Research and Development Center
University of Pittsburgh
3939 O'Hara Street
Pittsburgh, Pennsylvania 15260
(412) 624-4800

Research and Development Center for Teacher Education
University of Texas
Education Annex 3.203
Austin, Texas 78712
(512) 471-1343

Stanford Center for Research and Development in Teaching
School of Education
Stanford University
Stanford, California 94305
(415) 497-4717

Wisconsin Research and Development Center for Cognitive Learning
1025 West Johnson Street
Madison, Wisconsin 53706
(608) 262-4901

Training & Technical Assistance

6. *TRAINING PACKETS FOR PARENTS, AIDES AND TEACHERS OF DEAF-BLIND AND AND MULTIPLY HANDICAPPED PERSONS*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—Where to find programs/projects in packet form.

Low Incidence Area
The Ohio State University
1945 North High Street, 356 Arps Hall
Columbus, Ohio 43210
Contact: Gary Dean Yarnell, Ed.D., Assistant Professor

* * *

Division for the Blind and Physically Handicapped
Library of Congress
1291 Taylor Street, N.W.
Washington, D.C. 20542
Contact: Reference Section
FTS 426-5100
(202) 882-5500

* * *

National Association of the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910
Contact: Fred Schreiber, Executive Secretary
(301) 587-1788

A national information and referral service—lists of contact people and agencies for all degrees of deaf to deaf-blind multiple handicapped. An excellent source; consumer advocate for the deaf; publishes materials on deafness and sign language.

* * *

Helen Keller National Center for Deaf-Blind Youth and Adults
111 Middle Neck Road
Sands Point, Long Island, New York 11050
Contact: Mr. Dean Wyrick, Field Services Coordinator
(516) 944-8900

Training & Technical Assistance

7. *USING AN INTEGRATION SPECIALIST TO FACILITATE INTEGRATION OF SEVERELY MULTIPLY HANDICAPPED STUDENTS*

WHO COULD YOU CONTACT IF YOU WANTED TO KNOW MORE ABOUT . . .
A—Mainstreaming programs.

Douglas County I.E.D.
Multiple Handicapped Program
1871 N.W. Stephens
Roseburg, Oregon 97470
Contact: Connie Ray, Coordinator of Mental Health Program
Penny Couse, Integration Specialist

* * *

Badger School
501 East Badger Road
Madison, Wisconsin 53713
Contact: Robert T. York, Program Coordinator of MAZE Project
(608) 271-7221

A demonstration project to provide an example program for severely handicapped in Madison public schools.

* * *

Project for Model Education for Severely Handicapped
University of Kansas
Bureau of Child Research

A plan and model for comprehensive service and prescriptive education for severely handicapped children and youth in rural, sparsely settled regions. Objective of the program is to deliver an individual prescription of services for each student so each can live independently within the community.

Helen Keller National Center for Deaf-Blind Youth and Adults.

School training centers, develop materials, and eight service regions.

* * *

Coordinator, Centers and Services for Deaf-Blind Children
Bureau of Education for the Handicapped
Division of Assistance to States
Office of Education, Department of Health, Education, and Welfare
400 Maryland Avenue, S.W.
Washington, D.C. 20202
Contact: Information Specialist
FTS: (202) 245-7134

* * *

Northwest Regional Center for Deaf-Blind Youth and Adults
649 Strander Boulevard, Suite C
Seattle, Washington 88188
Contact: Craig Wright, Regional Representative
(206) 246-2771

Area center for information and services; coordinating activities; consultations for parents/teachers; research development; demonstration projects.

* * *

Information Systems and Services

1. Where could you have access to the ERIC monthly document abstract index, RIE; the ERIC monthly journal index, CIJE; and the microfiche collection of the complete ERIC file?

Alaska:

Anchorage Higher Education Consortium
Library
3211 Providence Drive
Anchorage, Alaska 99504
(907) 272-5522

Contact:	Alden M. Rollins
Collection Status:	Complete from 1967
Equipment:	3 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 5¢ per page
Access Hours:	Mon.-Thurs.: 8:00 a.m.-10:00 p.m.
	Fri: 8:00 a.m.- 5:00 p.m.
	Sat: 10:00 a.m.- 5:00 p.m.
	Sun: 1:00 p.m.- 8:00 p.m.

University of Alaska-Southeast
Library
Auke Bay, Alaska 99821
(907) 789-7291

Contact:	Jean Henry
Collection Status:	Complete
Equipment:	2 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 10 ¢ per page (after first 10 pages)
Access Hours:	Mon.-Thurs.: 8:00 a.m.-10:15 p.m.
	Fri.: 8:00 a.m.- 5:00 p.m.
	Sun.: 1:00 p.m.- 5:00 p.m.

University of Alaska
Library
Fairbanks, Alaska 99701
(907) 479-7279

Contact:	Pat Sackinger
Collection Status:	Complete
Equipment:	4 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 10¢ per page; microfiche reproduction at 10¢ per copy
Access Hours:	Daily 7:30 a.m.-10:00 p.m.

Alaska State Library
Division of State Libraries and Museums
Juneau, Alaska 99801
(907) 465-2921

Contact:	Pat Wilson
Collection Status:	Complete
Equipment:	5 microfiche readers: 2 reader printers
Services:	Limited reproduction on courtesy basis
Access Hours:	Mon.-Fri.: 8:00-5:00 p.m.

Hawaii:

University of Hawaii
Thomas Hale Hamilton Library
2550 The Mall
Honolulu, Hawaii 96822
(808) 948-7214; 948-8568

Contact:	Christine Moore
Collection Status:	Complete from 1967
Equipment:	6 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 20¢ per page; microfiche reproduction at 15¢ per copy
Access Hours:	Daily

Brigham Young University-Hawaii
Ralph E. Wooley Learning Resource Center
55-220 Kulanui Street
Laie, Oahu, Hawaii 96762
(808) 293-9211, ext. 216

Contact:	Rodney N. Parker
Collection Status:	Complete from 1966
Equipment:	13 microfiche readers: 1 reader printer
Services:	Microfiche reproduction at 10¢ per copy
Access Hours:	Open daily except Sunday

Idaho:

Idaho State Department of Education
200 State Office Building
650 West State Street
Boise, Idaho 83702
(204) 384-2189

Contact:	Charles Brown
Collection Status:	Complete from 1966, including *Manpower Research* and *Pacesetters in Innovation*
Equipment:	6 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 5¢ per page; microfiche reproduction at 5¢ per copy
Access Hours:	Mon.-Fri.: 8:00 a.m.-5:00 p.m.

Idaho State University
Library
Pocatello, Idaho 83209
(208) 236-3471

Contact:	Documents Librarian
Collection Status:	Complete
Equipment:	4 microfiche readers: 2 reader printers
Services:	Hard copy reproduction at 5¢ per page; microfiche reproduction at 10¢ per copy
Access Hours:	Mon.-Thurs.: 7:45 a.m.-11:00 p.m. Fri.: 7:45 a.m.- 5:00 p.m. Sat.: 9:00 a.m.- 5:00 p.m. Sun.: 2:00 p.m.-11:00 p.m.

Montana:

Eastern Montana College
Library (Serials Department)
Billings, Montana 59101
(406) 657-2320

Contact:	JoAnn Meide
Collection Status:	Complete
Equipment:	4 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 10¢ per page
Access Hours:	Mon.-Thurs.: 7:30 a.m.-11:00 p.m. Fri.: 7:30 a.m.- 5:00 p.m. Sat.: 8:00 a.m.- 4:00 p.m. Sun.: 2:00 p.m.-11:00 p.m. Hours vary during academic recesses and summer sessions

Montana State University
Library
Bozeman, Montana 59715
(406) 994-3171

Contact:	Lucille Thompson
Collection Status:	1967-71 Educational Administration, Teacher Education, Vocational Education, complete from 1972
Equipment:	6 microfiche readers: 2 reader printers
Services:	Hard copy reproduction at 15¢ per page
Access Hours:	Daily

Northern Montana College
Library
Havre, Montana 59501
(406) 265-7821, ext. 277

Contact:	Jacquie Sather
Collection Status:	Complete from 1967
Equipment:	8 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 10¢ per page; microfiche reproduction at 20¢ per copy
Access Hours:	Mon.-Thurs.: 8:00 a.m.- 5:00 p.m., 7:00 p.m.-10:00 p.m.
	Fri.: 8:00 a.m.- 5:00 p.m.
	Sun.: 6:00 p.m.-10:00 p.m.

Oregon:

Southern Oregon State College
Library
Ashland, Oregon 97520
(503) 482-6443

Contact:	Harry Gates
Collection Status:	Complete
Equipment:	6 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 10¢ per page
Access Hours:	Open to the public 7 days a week

Oregon State University
Library
Corvallis, Oregon 97331
(503) 754-3331

Contact:	Mariol Peck
Collection Status:	Complete from 1967
Equipment:	5 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 20¢ per page
Access Hours:	Mon.-Fri.: 8:00 a.m.-9:00 p.m.
	Sat.: 10:00 a.m.-9:00 p.m.
	Sun.: 1:00 p.m.-9:00 p.m.

University of Oregon
Library
Education-Psychology Division
Eugene, Oregon 97403
(503) 686-3074

Contact:	Rose Marie Service
Collection Status:	Complete including *Manpower Research* and *Pacesetters in Innovation*
Equipment:	7 microfiche readers: 2 reader printers
Services:	Hard copy reproduction at 15¢ per page
Access Hours:	Mon.-Thurs.: 8:00 a.m.-11:00 p.m.
	Fri.: 8:00 a.m.-10:00 p.m.
	Sat.: 9:00 a.m.- 5:00 p.m.
	Sun.: 2:00 p.m.-11:00 p.m.

Oregon College of Education
Library
Monmouth, Oregon 97361
(503) 838-1220, ext. 240

Contact:	Reference Librarian
Collection Status:	Complete from 1973
Equipment:	5 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 10¢ per page
Access Hours:	Mon.-Thurs.: 8:00 a.m.-10:00 p.m.
	Fri.: 8:00 a.m.- 5:00 p.m.
	Sat.: 9:00 a.m.-10:00 p.m.
	Sun.: 2:00 p.m.-10:00 p.m.

Northwest Regional Educational Laboratory
710 Southwest Second Street
Portland, Oregon 97204
(503) 248-6922

Contact:	Leslie Wykoff
Collection Status:	Complete
Equipment:	6 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 5¢ per page
Access Hours:	Daily 8:30 a.m.-5:00 p.m.

Portland State University
Education Library
934 Southwest Harrison Street
Portland, Oregon 97207
(503) 229-3684

Contact:	Kathy Greey
Collection Status:	Complete
Equipment:	5 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 15¢ per page
Access Hours:	Mon.-Thurs.: 7:30 a.m.-10:00 p.m.
	Fri.: 7:30 a.m.- 9:00 p.m.
	Sat.: 9:00 a.m.- 6:00 p.m.
	Sun.: 1:00 p.m.- 9:00 p.m.

Oregon Department of Education
Resource Dissemination Center
942 Lancaster Drive, Northeast
Salem, Oregon 97310
(503) 378-3566

Contact:	Rob Fussell
Collection Status:	Complete
Equipment:	6 microfiche readers (portable): 1 reader printer
Services:	Hard copy reproduction available at no cost; microfiche reproduction available at no cost
Access Hours:	Mon.-Fri.: 8:00 a.m.-5:00 p.m. Services available through Department of Education staff only

Washington:

Bellevue Public Schools
Educational Service Center
310 102nd Avenue, Northeast
Bellevue, Washington 98004
(206) 455-6052

Contact:	Emily Lesford
Collection Status:	Complete
Equipment:	4 microfiche readers
Access Hours:	Mon.-Fri.: 8:00 a.m.-4:30 p.m.

Western Washington State College
Bellingham, Washington 98225
(206) 676-3295

Contact:	Enid E. Haag
Collection Status:	Complete
Equipment:	5 microfiche readers: 2 reader printers
Services:	Hard copy reproduction at 5¢ per page; microfiche reproduction at 10¢ per copy
Access Hours:	Mon.-Thurs.: 7:45 a.m.-11:00 p.m.
	Fri.: 7:45 a.m.- 5:00 p.m.
	Sat.: 9:00 a.m.- 6:00 p.m.
	Sun.: 1:00 p.m.-11:00 p.m.

Eastern Washington State College
Kennedy Memorial Library
Cheney, Washington 99004
(509) 359-2263

Contact:	Don Lake
Collection Status:	Complete
Equipment:	3 microfiche readers: 2 reader printers
Services:	Hard copy reproduction at 10¢ per page
Access Hours:	Mon.-Thurs.: 8:00 a.m.-10:00 p.m.
	Fri.: 8:00 a.m.- 5:00 p.m.
	Sat.: 10:00 a.m.- 6:00 p.m.
	Sun.: 2:00 p.m.-10:00 p.m.
	Summer hours vary

Central Washington State College
Library
Ellensburg, Washington 98926
(509) 963-1541

Contact:	Ruth Hartman
Collection Status:	Complete
Equipment:	11 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 10¢ per page
Access Hours:	Mon.-Fri.: 8:00 a.m.-5:00 p.m.

State Superintendent of Public Instruction
Library—Professional Curriculum
Old Capitol Building
Olympia, Washington 98504
(206) 753-6731

Contact:	Bobbie J. Patterson
Collection Status:	Complete
Equipment:	2 microfiche readers (portable): 1 reader printer
Access Hours:	Open to staff and school districts 5 days a week

Educational Service District No. 123
Road 40 and West Court
Pasco, Washington 99302
(509) 547-8442

Contact:	Sandi Marcum
Collection Status:	Complete from September 1970
Equipment:	5 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 10¢ per page; microfiche reproduction at no cost
Access Hours:	Our collection open only to those persons in the field of education within the boundaries of Educational Service District No. 123. Mon.-Fri.: 8:00 a.m.-12:00 p.m. 1:00 p.m.- 5:00 p.m.

Washington State University
Education Library
130 Cleveland Hall
Pullman, Washington 99163
(509) 335-4874

Contact:	Carolyn A. Hook
Collection Status:	Complete
Equipment:	3 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 5¢ per page; microfiche reproduction at 10¢ per copy
Access Hours:	Open daily

Educational Service District No. 110
1410 South 200th Street
Seattle, Washington 98148
(206) 242-9400, ext. 45

Contact:	J. Marilyn Wilkinson
Collection Status:	Complete from 1966
Equipment:	5 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 10¢ per page; microfiche reproduction at 15¢ per copy
Access Hours:	Daily 8:30 a.m. -4:30 p.m.

Seattle Pacific College
Weter Memorial Library
3307 Third Street, West
Seattle, Washington 98119
(206) 281-2228

Contact:	Reference Librarian
Collection Status:	Complete from 1970
Equipment:	2 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 15¢ per page
Access Hours:	Mon.-Thurs.: 7:30 a.m.-11:00 p.m. Fri.: 7:30 a.m.- 5:00 p.m. Sat.: 8:00 a.m.- 5:00 p.m. Sun.: 1:00 p.m.- 5:00 p.m.

Seattle School District No. 1
Marshall Curriculum and Instruction Center
520 Ravenna Avenue, Northeast
Seattle, Washington 98105
(206) 587-3490

Contact:	Ron Schaeffer
Collection Status:	Complete from 1972 plus some prior special collections
Equipment:	3 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 5¢ per page
Access Hours:	Mon.-Fri. 8:00 a.m.-4:30 p.m.

University of Washington
Suzzallo Library
Seattle, Washington 98195
(206) 543-4174

Contact:	Erven A. Kloostra
Collection Status:	Complete from 1968
Equipment:	5 microfiche readers
Services:	Hard copy reproduction at 10¢ per page; microfiche reproduction at 10¢ per copy
Access Hours:	Mon.-Thurs.: 8:00 a.m.-10:00 p.m.
	Fri.: 8:00 a.m.- 5:00 p.m.
	Sat.: 9:00 a.m.- 5:00 p.m.
	Sun.: 1:00 p.m.-10:00 p.m.

Wyoming:

Wyoming State Department of Education
Hathaway Building
Cheyenne, Wyoming 82002
(307) 777-7411

Contact:	Nancy Anderson
Collection Status:	Complete
Equipment:	1 microfiche reader: 1 reader printer
Services:	Hard copy reproduction at 15¢ per page
Access Hours:	Daily 8:00 a.m.-5:00 p.m.

University of Wyoming
Coe Library
Laramie, Wyoming 82071
(307) 766-2174

Contact:	Martha E. Lawlor
Collection Status:	Complete from 1975
Equipment:	6 microfiche readers: 2 reader printers
Services:	Hard copy reproduction at 10¢ per page
Access Hours:	Mon.-Fri.: 8:00 a.m.-10:00 p.m.
	Sat.: 2:00 p.m.- 5:00 p.m.
	Sun.: 2:00 p.m.-10:00 p.m.
	Summer hours vary

Guam:

University of Guam
R.F.K. Memorial Library
Agana, Guam 96910

Contact:	Kyanghui L. Kim
Collection Status:	Complete
Equipment:	5 microfiche readers: 1 reader printer
Services:	Hard copy reproduction at 5¢ per page
Access Hours:	Mon.-Thurs: 7:45 a.m.-9:45 p.m.
	Fri.-Sat.: 8:00 a.m.-4:00 p.m.

2. Where could you obtain a computerized search of the ERIC files on any aspect of the severely handicapped except that of child use materials?

ORGANIZATION	*CLIENTS SERVED*	*FILES AVAILABLE*	*COST*
Alaska:			
Alaska Dept. of Education Pouch F Juneau, Alaska 99811 (907) 465-2821 Contact: Mary Halloran	Alaska Educators	RIE CIJE	None
Hawaii:			
University of Hawaii Hamilton Library 2550 The Mall Honolulu, Hawaii 96822 (808) 948-8263 Contact: B. K. Bird	University of Hawaii community	RIE CIJE	$25 per connect hr., plus communications, costs, plus 8¢ per abstract
Montana:			
Montana State Supertintendent of Public Instruction Resource Center State Capitol Helena, Montana 59601 (406) 449-2082	Agency Staff Montana Educators	CEC RIE CIJE	None
Oregon:			
Oregon State University (OSU) Kerr Library Library Information Retrieval Service Corvallis, Oregon 97331 (503) 754-2249 or (503) 754-3331 Contact: Mariol Peck or Kris Brooks	Open	CEC RIE CIJE	Computer and communications charges ($15/hr. surcharge above the academic rate), plus $5/hr. staff charge
ERIC Clearinghouse on Educational Management University of Oregon School of Management Information Retrieval Service (SMIRS) Eugene, Oregon 97403 (503) 686-5043 Contact: Ellen Rice	Open	RIE CIJE AIM/ARM	RIE & CIJE: $16 domestic $17 foreign
Lane Intermediate Education District 1200 Highway 99N Eugene, Oregon 97402 (503) 689-6500 Contact: Doug Madsen	Lane County Educators Open	RIE CIJE AIM/ARM	RIE & CIJE: Lane County Educators: No charge Other: $16 domestic $17 foreign

Northwest Regional Educational Lab (NWREL) 710 S.W. 2nd Ave. Portland Oregon 97204 (503) 248-6922 Contact: Leslie Wykoff	Northwest Region Residents Open	RIE CIJE CEC	Computer costs plus staff time ($10-$15)
University of Oregon Library Education Psychology Department Eugene, Oregon 97403 (503) 686-3074 Contact: Rose Marie Service	U of O Students and Faculty Lane County Educators Open	CIJE RIE CEC	Fees for searches vary
Washington:			
University of Washington Health Sciences Library Seattle, Washington 98195 (206) 543-5530 Contact: Nancy Blase	Open	CEC RIE CIJE	Actual cost of computer connect-time, plus 25¢ per connect-minute, communications charges, & off-line print charges
University of Washington Library, Reference Section Seattle, Washington 98195 (206) 543-0242 Contact: Kristine Lakey	Open	RIE CIJE AIM/ARM CEC	Computer connect-time, communication, and printout charges
Virginia:			
ERIC Clearinghouse on Handicapped and Gifted Children 1920 Association Dr. Reston, Virginia 22091 (703) 620-3660 to Virginia, Hawaii, Alaska, Canada residents Toll Free: (800) 336-3728 Contact: Lynn Smarte	Open	RIE CIJE CEC	RIE & CIJE: $35 per 100 abstracts

3. What other segments of the ERIC systems would be helpful in searching for information about the severely handicapped other than child use materials?

Center for Vocational Education
Ohio State University
1960 Kenny Road
Columbus, Ohio 43210
(614) 486-3655
Contact: Dr. Marla Peterson, Career Education Specialist, or Ruth Gordon, Tech. Assistant for User Services.

ERIC Clearinghouse on *EDUCATIONAL MANAGEMENT* (ERIC/CEM)
University of Oregon
Eugene, Oregon 97403
(503) 686-5043
FTS Number: 425-6456
Contact: Mrs. Ellen Rice
Associate Editor/User Services Coordinator
Mrs. Mary Lou Finne
Document Analyst (Facilities)

ERIC Clearinghouse on *HANDICAPPED AND GIFTED CHILDREN**
*CEC (Council for Exceptional Children)
1920 Association Drive
Reston, Virginia 22091
(703) 620-3660
Toll Free: (800) 336-3728
Contact: Ms. Joyce Aegerter
Assistant Director—Information Services
Ms. Dorothy Bloch
Abstractor/Indexer and User Services Specialist
Ms. Lynn Smart
Abstractor/Indexer
Ms. Gail Schultz
User Services Specialist (Senior)

ERIC Clearinghouse on *EARLY CHILDHOOD EDUCATION* (ERIC/ECE)
University of Illinois
College of Education
805 West Pennsylvania Avenue
Urbana, Illinois 61801
(217) 333-1386
FTS Number: 958-9112
Contact: Ms. Mima Spencer
Associate Director
Mrs. Judi Lutsky
User Services Coordinator
Ms. Charlotte Watkins
Information Specialist/Abstractor

ERIC Clearinghouse on *TEACHER EDUCATION*
American Association of Colleges for Teacher Education
One Dupont Circle, N.W., Suite 616
Washington, D.C. 20036
(202) 293-7280
FTS Number: 632-2785
Contact: Dr. Gordon D. Jeppson
Associate for Health, Physical Education, and Recreation
Ms. Patricia Brown
Information Analyst
Mr. John C. Waters
User Services Specialist

ERIC Clearinghouse on *TESTS, MEASUREMENT, AND EVALUATION*
Educational Testing Service
Princeton, New Jersey 08540
(609) 921-9000, ext. 2176
FTS Number: 340-3347
Contact: Ms. Eleanor V. Horne
Assistant Director
Ms. Laurel Kreger
User Services

These clearinghouses can sometimes be goldmines of information. Prior to requesting a computer search, a brief check with a clearinghouse will equip you with the appropriate descriptors and information about the most recent input. You can also procure information about any current inhouse publications or information analysis products. CH personnel can discuss trends, programs, innovations, etc. reflected in the current selections. Although these clearinghouses are not specifically oriented to the handicapped, they do, on occasion, input material or publish material that is specific to the exceptional child. Notwithstanding, the information contributed to the system through these clearinghouses can sometimes be of value as sources of models upon which programs or activities specific to the handicapped can be based. If nothing else, being on the mailing lists of these clearinghouses will bring you information designed to keep you abreast of current educational practice and research.

4. But . . . suppose you do not want to deal with ERIC agents, although you would like to have a search done? (And you do not want it to cost you anything)

NCEMMH Information Services
The Ohio State University
Columbus, Ohio 43210
(614) 422-7596
Contact: Chuck Lynde

Northwest Special Education Learning Resource System
University of Oregon
1590 Willamette St.
Eugene, Oregon 97401
(503) 686-3591
Contact: State Coordinator (Particularly if search is to be charged against a state objective)

5. What are some other interesting information services relating to severely handicapped within the topical parameters of this conference?

Medical Literature Analysis and Retrieval System (MEDLARS)
MEDLARS Management Section
National Library of Medicine
8600 Rockville Pike
Bethesda, Maryland 20014
(301) 496-6193
Bibliographies, computer searches, indexes

Index Medicus—monthly bibliographic listings of references to current articles in approximately 2300 worldwide biomedical journals. (Available from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. $173.05 per year; $13.75 single issue.)

NLM Current Catalog—bibliographic listings for citations to publications cataloged by National Library of Medicine (NLM). NLM Catalog and Index Medicus are available in most medical schools and hospital libraries and in some university libraries. (Also available through U.S. Government Printing Office in quarterly and annual cumulations; 4 three-month cumulations $23.50, single issue $6.00, annual cumulation $23.75.)

Recurring Bibliographies—lists citations to journal articles of wide interest in specialized biomedical field. Available through non-profit professional organizations and governmental agencies cooperating with NLM. A list of these sources may be obtained from the back cover of each issue of Index Medicus.

MEDLINE Searches—may be requested to answer specific information needs not met by previously cited bibliographies. Routine search is generally completed in two to three days. There is a small charge for computer time, analyst time, and off-line print pages. A list of centers in the U.S. where MEDLINE terminals are located is available at Regional Medical Libraries or the National Library of Medicine. Call or write MEDLARS for further information.

National Clearinghouse for Mental Health Information (NCMHI)
5600 Fishers Lane
Rockville, Maryland 20850
(301) 443-4513, 443-4517
Abstracts, bibliographies, computer searches, directories

Selected Sources of Inexpensive Mental Health Materials—listing of organizations that offer informational materials for mental health workers, teachers, and community leaders. (Available from Public Inquiries Section, National Clearinghouse for Mental Health Information; single copy free of charge.)

Mental Health Information for the General Public—collections of publications, articles, and reference lists on many aspects of mental health services, treatment, training, and other general areas should be made to the Public Inquiries Section, National Clearinghouse for Mental Health Information. Among topics included in the Public Inquiries subject files are: aging, alcoholism, autism, care and treatment of mentally ill, child mental health, death and grief, genetics, group therapy, juvenile deliquency, mental hospitals, poverty and mental health, rehabilitation for the mentally restored, religion and mental health, sleep and dreams, student unrest, suicide prevention. Specific bibliographies available include: Abstracts of the Standard Edition of Freud; Suicide and Suicide Prevention; Volunteer Services in Mental Health; Abstracts of the Psychoanalytic Study of the Child (vols. 1-25); Women and Mental Health; Art Therapy.

Mental Health Directory—biennial listing of psychiatric treatment facilities in the U.S.A. (Available from Public Inquiries Section,
National Clearinghouse for Mental Health Information; single copy free of charge.)

Outdoor Recreation Technical Assistance Clearinghouse
U.S. Department of the Interior
Division of Cooperative Services
Bureau of Outdoor Recreation
Washington, D.C. 20240
(202) 343-7751
Abstracts, reports/pamphlets, technical publications

Technical Assistance—in response to requests for information, the Clearinghouse will provide copies of Bureau of Outdoor Recreation (BOR) publications, abstracts of other applicable materials (including price and where materials can be obtained), and suggestions of other government or private sources of data. There is no charge for this service.

"Outdoor Recreation Action"—a quarterly publication that summarizes private, local, state and federal actions related to outdoor recreation and environmental quality. Available free to government agencies and officials; private organizations and individuals may subscribe through: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 ($4.15 per year domestic or $5.20 per year foreign; $1.10 per single copy).

Recreation Information Management (RIM)
USDA—Forest Service
South Building
12th and Independence Ave., S.W.
Washington, D.C. 20250
(202) 447-3520
Computer searches, document reproduction, reports/pamphlets

This system provides a wide variety of information about the identification, location, dimensions, condition, and use of each recreation site and area in the National Forests. Information requests may be made by telephone or letter. Depending on the specificity of the request and the availability of materials, answers may be made on the same day.

Computer Searches—searches may deal with (1) kinds of sites and facilities, (2) capacities, (3) conditions, (4) use by minority groups, (5) accessibility to handicapped, (6) program opportunities, (7) management aids (such as cost-benefit analysis). There is a cost for non-Forest Service personnel; cost varies.

Materials Distribution—some material of general interest is available in paper copy at no charge. (Includes locations of campgrounds, capacities of campgrounds, accessible sites.)

Therapeutic Recreation Information Center (TRIC)
University of Oregon
1597 Agate Street
Eugene, Oregon 97403
(503) 686-3579
Bibliographies, computer searches

Information searches in subject areas yielding 100 or more abstracts are priced on a sliding scale in direct proportion to the number of abstracts produced (from $5 to $40). Examples of major files are aging, camping, disabled, institutions, mentally retarded, rehabilitation, staff, youth.

Physical Education & Recreation for the Handicapped: Information & Research Utilization Center
c/o A.A.H.P.E.R.
1201 16th Street, N.W.
Washington, D.C. 20036
(202) 833-5547
Abstracts, bibliographies, information packets, library, misc. other publications, referrals

Special Packets—prepared on topics of current interest (mental retardation, mainstreaming, wheelchair sports); each packet contains articles, reprints, and bibliographies. Prices have not yet been established.

IRUC Briefings—periodic newsletter containing information about IRUC and other information systems/centers.

Challenge—periodic newsletter dealing with various aspects of physical education and recreation for mentally retarded persons; no cost.

Guides and Bibliographies—on topics of general interest; costs vary. A complete list of available publications may be obtained from IRUC.

Resource Contacts—all IRUC materials are sent to resource contacts in each state and some foreign countries. Resource contacts are required to make materials available in some way for the public's use. A list of contacts in your state may be obtained from IRUC.

Library—IRUC maintains a library of published and unpublished materials in the fields of physical education and recreation for handicapped persons. Hours are 8:15-4:30, Monday through Friday. No materials may be removed from the library, but xerox facilities are available.

Office for Handicapped Individuals Clearinghouse
U.S. Department of Health, Education and Welfare
Room 3517 Switzer Building
330 C Street, S.W.
Washington, D.C. 20201
Miscellaneous publications, referrals

The clearinghouse is presently surveying federal, public, private, and other agencies and sources which provide information regarding the location, provision, and availability of services and programs relating to handicapped individuals, with the ultimate purpose of providing referrals and information for inquiries. The clearinghouse will not be fully operational until July 1976.

Referrals—the clearinghouse will answer questions such as whom to contact, where to go to find specific information, or to inquire about benefits, etc., at no charge. Inquiries may be made by telephone or in writing. The general public, handicapped individuals and families, professionals serving the handicapped, Congress, educators, and students may find the system beneficial.

Louise Knight, Information Specialist, Northwest Learning Resource Center
Kristi Francis

Appendix C

Identification of Program Needs in the Delivery of Services to Severely Handicapped in Region One

Delivery of Services for the Severely Handicapped

Conference representatives participated in a three-day activity intended to identify those services for the severely handicapped appropriate to delivery through Learning Resource Centers.

The first step in the activity sequence involved listing statements of current problems in service delivery. After these statements were consolidated and edited, a second step consisted of generating activities by which such agencies might reduce current problems or service gaps. NWLRS staff then drafted a comprehensive activity document, attempting to organize statements generated by the seven groups into one service framework. Supplemented by a timeline and needs statements, this document was distributed to all participants, serving as a needs assessment instrument. Participants indicated: 1) timelines for execution of appropriate activities and 2) whether assistance was needed and if so, what type.

Completed documents were subsequently analyzed. High frequency assistance needs were tabulated for each state and for the region. (High frequency was defined as twenty-five or more assistance needs for the region. A proportion of approximately 3:1 [requests: no requests] defined high frequency for the states, except for those states with particularly few respondents.) The tabulated results for the region and the individual states follow this introduction. The needs assessment instrument follows the results.

The information reported here should not be viewed as representative of the opinions of state special educators. The conference participants were a selected and small proportion of all state special educators. These data represent the opinions of approximately half the special educators (primarily intermediate level staff) attending the Third Annual NWLRS Conference.

REGIONAL

System	Activities-Assistance Requirements	Type of Assistance Fiscal	Planning	Training	Other
1.0 Awareness	1.10 Compile information lists of resources to help school personnel design, implement programs.	5	17	12	3
	1.12 Establish and coordinate school/community task forces to conduct studies.	6	13	9	1
2.0 Appraisal	2.4 Inservice personnel in use of instruments with severely handicapped.	7	6	19	
	2.9 Secure support personnel to make Least Restrictive Alternative available locally.	13	12	14	
	2.15 Conduct inservice for teachers and administrators on Least Restrictive Environment.	9	4	16	2
3.0 Programming	3.1 Assist in developing long-term goals for the severely handicapped.	9	24	18	1
	3.2 Develop guidelines for transition in moving from agency to agency.	6	22	10	2
4.0 Personnel Support	4.1 Develop training programs for volunteers.	9	15	23	1
	4.3 Identify models of Individualized Educational Programming for the severely handicapped.	6	20	18	4
	4.4 Develop program and materials for severely handicapped.	8	10	10	3
	4.5 Develop ongoing plan to assist teachers in Individualized Educational Programming.	12	19	22	3
	4.9 Obtain and disseminate teacher training programs and packages.	8	10	9	2
	4.10 Sponsor inservice programs for regular and special education personnel, in working with the severely handicapped.	18	17	22	1
5.0 Facilities	No major assistance needs.				
6.0 Resources Acquisition	No major assistance needs.				

ALASKA

System	Activities-Assistance Requirements	Type of Assistance			
		Fiscal	Planning	Training	Other
1.0 Awareness	1.18 Conduct workshops for agency personnel, to publicize services for severely handicapped.	4	3	3	1
2.0 Appraisal	2.1 Do needs assessment for appraisal instruments.	2	1	1	3
	2.2 Develop appraisal instrument for severely handicapped.	2	1	1	1
	2.4 Inservice personnel in use of instruments with severely handicapped.	2	1	3	
	2.8 Disseminate appropriate intsruments for assessment of severely handicapped, to LRCs.	3	1	2	2
	2.15 Conduct inservice for teachers and administrators on Least Restrictive Environment.	3		2	1
3.0 Programming	3.3 Develop a Direction Service to coordinate agencies.	2	4	4	1
4.0 Personnel Support	4.3 Identify models of Individualized Educational Programming for the severely handicapped.	2	5	3	2
	4.5 Develop ongoing plans to assist teachers in Individualized Educational Programming.	2	3	4	1
	4.19 Sponsor sources to train teachers to train parents.	3	3	2	
	4.28 Offer stipends for teachers to get training.	4	2		
5.0 Facilities	No major assistance needs.				
6.0 Resources Acquisition	No major assistance needs.				

GUAM

System	Activities-Ass tance Requirements	Type of Assistance			
		Fiscal	Planning	Training	Other
1.0 Awareness	No major assistance needs.				
2.0 Appraisal	No major assistance needs.				
3.0 Programming	3.1 Assist in developing long-term goals for the severely handicapped.				1
	3.3 Develop a Direction Service to coordinate agencies.	1	1	1	
4.0 Personnel Support	4.23 Develop model certification programs.	1	1	1	
5.0 Facilities	No major assistance needs.				
6.0 Resources Acquisition	6.7 Develop community resources if not currently existing (Direction Service concept).	1	1	1	

IDAHO

System	Activities-Assistance Requirements	Type of Assistance Fiscal	Planning	Training	Other
1.0 Awareness	1.8 Periodically assess community attitudes toward the severely handicapped and their need for services.		3		
2.0 Appraisal	2.11 Observe classes as part of assisting teachers in making classes less restrictive.		1	3	
3.0 Programming	3.1 Assist in developing long-term goals for the severely handicapped.	1	2	3	
	3.2 Develop guidelines for transition in moving from agency to agency.		4	1	
	3.4 Identify community resources for life planning.		2	1	
4.0 Personnel Support	4.1 Develop training programs for volunteers.	1	2	3	
	4.8 Train nurses and health aides to work with the severely handicapped.		2	2	
	4.10 Sponsor inservice programs for regular and special education personnel in working with the severely handicapped.	2	1	3	
5.0 Facilities	No major assistance needs.				
6.0 Resources Acquisition	No major assistance needs.				

MONTANA

System	Activities-Assistance Requirements	Type of Assistance Fiscal	Planning	Training	Other
1.0 Awareness	1.6 Sponsor awareness programs through PTAs, service clubs, professional groups, and advocacy organizations.		3	2	
	1.7 Promote the concept of the severely handicapped as a minority among civil rights groups and in public awareness compaigns.		5	2	
	1.8 Periodically assess community attitudes toward the severely handicapped and their service needs.	1	4	4	
	1.10 Compile information lists of resources to help school personnel design and implement programs.	1	3	3	1
	1.12 Establish and coordinate school/community task forces to conduct studies.	2	5	4	
	1.13 Conduct or facilitate programs to promote student acceptance of the severely handicapped in the public schools.		3	3	
	1.14 Serve as an information resource to advocacy groups, civil rights agencies, etc.		2	3	

System	Activities-Assistance Requirements		Type of Assistance		
		Fiscal	Planning	Training	Other
	1.18 Conduct workshops for agency personnel and promote other means of publicizing gaps in services for the severely handicapped.	1	5	4	
	1.19 Organize, sponsor, and promote joint meetings of service agencies to meet needs of the severely handicapped.	1	6	2	
	1.20 Develop resource manuals identifying available agencies and services.	1	3	1	
2.0 Appraisal	2.1 Do needs assessment for appraisal instruments.		4	4	
	2.2 Develop appraisal instruments for severely handicapped.	1	3	2	
	2.4 Inservice personnel in use of instruments with severely handicapped.		2	4	
	2.6 Identify resources available to provide assessment for severely handicapped.		2	2	1
	2.9 Secure support personnel to make Least Restrictive Alternatives available locally.	1	4	4	
	2.10 Define local criteria for Least Restrictive Alternatives.		3	5	1
	2.12 Establish common vocabulary on the term Least Restrictive Environment.		1	7	1
	2.15 Conduct inservice for teachers and administrators on Least Retrictive Environment.	1	4	3	
	2.16 Make administrators aware of facility, materials and personnel and personnel needs .	2	3	1	
3.0 Programming	3.1 Assist in developing long-term goals for the severely handicapped.	2	7	6	1
	3.2 Develop guidelines for transition in moving from agency to agency.	1	3	3	
	3.3 Develop a Direction Service to coordinate agencies.	2	5	3	
	3.4 Identify community resources for life planning.	1	3	1	
4.0 Personnel Support	4.1 Develop training programs for volunteers.	1	4	4	
	4.2 Strengthen a positive attitude toward the handicapped through an awareness campaign.		5	2	
	4.3 Identify models of Individualized Educational Programming for severely handicapped.	1	5	4	1
	4.4 Develop program and materials for the severely handicapped.	1	4	3	2

System	Activities-Assistance Requirements	Type of Assistance: Fiscal	Planning	Training	Other
	4.5 Develop ongoing plan to assist teachers in Individualized Educational Programming.	1	2	4	1
	4.9 Obtain and disseminate annotations of appropriate teacher training programs, packages.	1	4	2	
	4.10 Sponsor inservice programs for regular and special education personnel in working with the severely handicapped.	2	7	4	1
	4.15 Solicit cooperation of administrators and teachers to coordinate parent training.		3	3	
	4.17 Conduct training and provide resources to parents.		3	3	2
	4.19 Sponsor courses to train teachers to train parents.	2	4	4	
	4.20 Document and disseminate best practices for parent involvement.		5	4	1
	4.27 Coordinate reciprocal exchange program with other teachers.	1	3	2	1
	4.28 Offer stipends for teachers to receive training.	1	1	1	
5.0 Facilities	5.6 Develop and provide list of consultants to provide consultation on district/community planning.	2	4	1	1
	5.7 Demonstrate new and innovative programs to pre- and inservice teachers.	2	3	3	2
6.0 Resources Acquisition	No major assistance needs.				

OREGON

System	Activities-Assistance Requirements	Type of Assistance: Fiscal	Planning	Training	Other
1.0 Awareness	1.10 Compile information lists of resources to help school personnel design, implement programs.		3	1	
	1.11 Establish a resource center to assist school personnel in establishing programs for the severely handicapped.	1	3	1	
	1.17 Develop, disseminate list of available local and state agencies providing services for the severely handicapped.		2	1	
2.0 Appraisal	2.6 Identify resources to provide assessment for the severely handicapped.	2	1		2
3.0 Programming	No major assistance needs.				
4.0 Personnel Support	4.4 Develop programs and materials for the severely handicapped.	2	3	2	
	4.5 Develop ongoing plan to assist teachers in Individualized Educational Planning.	3	3	3	
	4.9 Obtain and disseminate annotations of appropriate teacher training programs, packages.	2	2	1	1

System	Activities-Assistance Requirements	Type of Assistance Fiscal	Planning	Training	Other
	4.10 Sponsor inservice programs for regular and special education personnel in working with the severely handicapped.	3	2	4	
	4.16 Determine what programs to use, identify personnel available to conduct training.	1	2	3	
	4.28 Offer stipends for teachers to receive training.	4			
5.0 Facilities	5.4 Establish statewide directors contacts for materials development and updating.	1	4		
	5.6 Develop and provide a list of consultants to provide consultation on district/community planning.	1	2	1	1
	5.7 Demonstrate new, innovative programs to pre- and inservice teachers.	1	3	1	2
	5.8 Implement a communication system identifying available resources.	1	3		1
	5.9 Identify human resources available for technical assistance.	1	3		1
	5.10 Provide follow-up to technical assistance.	2		1	1
	5.11 Obtain and disseminate abstracts of Federal/State experimental programs.	2	1		
6.0 Resources Acquisition	6.4 Lobby to obtain state funding.	1	2	2	

TRUST TERRITORY

System	Activities-Assistance Requirements	Type of Assistance Fiscal	Planning	Training	Other
1.0 Awareness	1.1 Prepare information for use of mass media in creating awareness among general public.	2	3	3	
	1.2 Train school personnel in conducting public awareness campaigns.	4	5	5	
	1.4 Disseminate information on community resources for serving the severely handicapped.	3	3	5	
	1.10 Compile information lists of resources to help school personnel design, implement programs.	2	4	5	
	1.12 Establish, coordinate school/community task forces to conduct studies.	2	4	3	
	1.15 Identify legal resources, refer parents to these resources when necessary.	2	4	3	
	1.18 Conduct workshops for agency personnel, in publicizing gaps in services for severely handicapped.	4	3	3	
	1.20 Develop resources manuals, identifying available agencies and services.	2	4	1	

System	Activities-Assistance Requirements	Type of Assistance			
		Fiscal	Planning	Training	Other
2.0 Appraisal	2.1 Do needs assessment for appraisal instruments.	1	3	5	
	2.2 Develop appraisal instruments for severely handicapped.	1	2	4	
	2.3 Determine personnel needs, re. assessment.	3	3	4	
	2.4 Inservice personnel in use of instruments.	2		4	
	2.5 Plan long- and short-term training objectives.	2	5	4	
	2.6 Identify resources available to provide assessment for severely handicapped.	3	1	2	
	2.9 Secure support personnel to make Least Restrictive Alternative available locally.	3	2	5	
	2.13 Develop cascade system to include severely handicapped.	1	5	4	
	2.15 Conduct inservice for teachers and administrators on Least Restrictive Environment.	2	1	4	1
3.0 Programming	3.1 Assist in developing long-term goals for the severely handicapped.	2	6	2	
	3.2 Develop guidelines for transition in moving from agency to agency.	1	5	1	
	3.3 Develop a Direction Service to coordinate agencies.	2	5	2	
4.0 Personnel Support	4.1 Develop training programs for volunteers.	2	5	5	
	4.3 Identify models of Individualized Educational Programming for the severely handicapped.		3	4	1
	4.4 Develop program and materials for severely handicapped.	2	3	4	1
	4.5 Develop ongoing plan to assist teachers in Individualized Educational Programming.	3	3	3	
	4.6 Evaluate child learning by change in behavior.	2	1	2	2
	4.8 Train nurses and health aides to work with severely handicapped.	3	5	4	
	4.22 Collect information on need for teachers, present to universities, colleges.	3	3	1	
5.0 Facilities	5.5 Conduct feasibility studies to make changes in specific geographic areas.	4	5	1	
	5.7 Demonstrate new, innovative programs to pre- and inservice teachers.	2	3	1	1
6.0 Resources Acquisition	6.1 Develop interagency referral guidelines.		4	2	1

WASHINGTON

System	Activities-Assistance Requirements	Fisca
1.0 Awareness	1.14 Serve as information resource to advocacy groups, civil rights agencies, etc.	
	1.16 Identify/disseminate parent-oriented programming to school personnel, parent organizations.	
	1.20 Develop resource manuals identifying available agencies and services.	
2.0 Appraisal	2.7 Purchase assessment tool for use in LEAs.	
	2.9 Secure support personnel to make Least Restrictive Alternatives available locally.	
	2.11 Observe classes to help teachers make classes less restrictive.	
3.0 Programming	3.1 Assist in developing long-term goals for the severely handicapped.	
	3.3 Establish a Direction Services to coordinate agencies.	
	3.6 Increase agency involvement in LEA/SEA activities.	
4.0 Personnel Support	4.9 Obtain and disseminate annotations of teacher training programs and packages.	
5.0 Facilities	No major assistance needs.	
6.0 Resources Acquisition	No major assistance needs.	

WYOMING

System	Activities-Assistance Requirements	Fisca
1.0 Awareness	1.1 Prepare information for and facilitate the use of mass media in creating awareness among the general public.	1
	1.6 Sponsor awareness programs through PTAs, service clubs, professional groups, advocacy organizations.	
	1.10 Compile information lists of resources to help school personnel design, implement programs.	1
	1.16 Identify, disseminate parent-oriented programming to school personnel, parent organizations.	1

Name _____

Job Title _____

Agency _____

I want a copy of this mailed to me
(circle) Yes No

Desired States and Possible LRC Roles	Should Start By *(check one)*						Is Assistance Needed *(check)*		Nature of Assistance *(check one)*				
	Already Begun	3-6 months	18 months	3 years	not relevant		Yes	No	Fiscal	Planning	Training	Other	
1.0 PUBLIC AWARENESS													
1.1 Prepare information and materials for, and [illegible] or facilitate the use of, mass media in [illegible] awareness among the general public.													
[illegible] or arrange for the training of school [illegible] in methods and procedures of con- [illegible]blic awareness campaigns.													
[illegible] develop and disseminate training [illegible] for community education workers.													
[illegible] and disseminate information on com- [illegible]ources for providing programs and [illegible] to the severely handicapped.													
1.5 [illegible]te with the medical and legal profes- [illegible] to improve knowledge of educational [illegible] and services relevant to severely handi- [illegible] children.													
1.6 Sponsor awareness programs through PTAs, service clubs, professional groups, and advo- cacy organizations.													
1.7 Promote the concept of the severely handicapped as a minority among civil rights groups and in public awareness campaigns.													

Name _____

Job Title _____

Agency _____

Desired States and Possible LRC Roles

1.8 Periodically assess community attitudes toward the severely handicapped and their need for services.

1.9 Operate an "information hotline" to provide information about the severely handicapped.

1.10 Compile information lists of resources that can help school personnel design and implement programs.

1.11 Establish a "resource center" to assist school personnel to identify and obtain information about establishing programs for the severely handicapped.

1.12 Establish and coordinate school/community task forces to conduct studies and make recommendations regarding the establishment of programs for the severely handicapped.

1.13 Conduct or facilitate programs to provide student acceptance of the severely handicapped in the public schools.

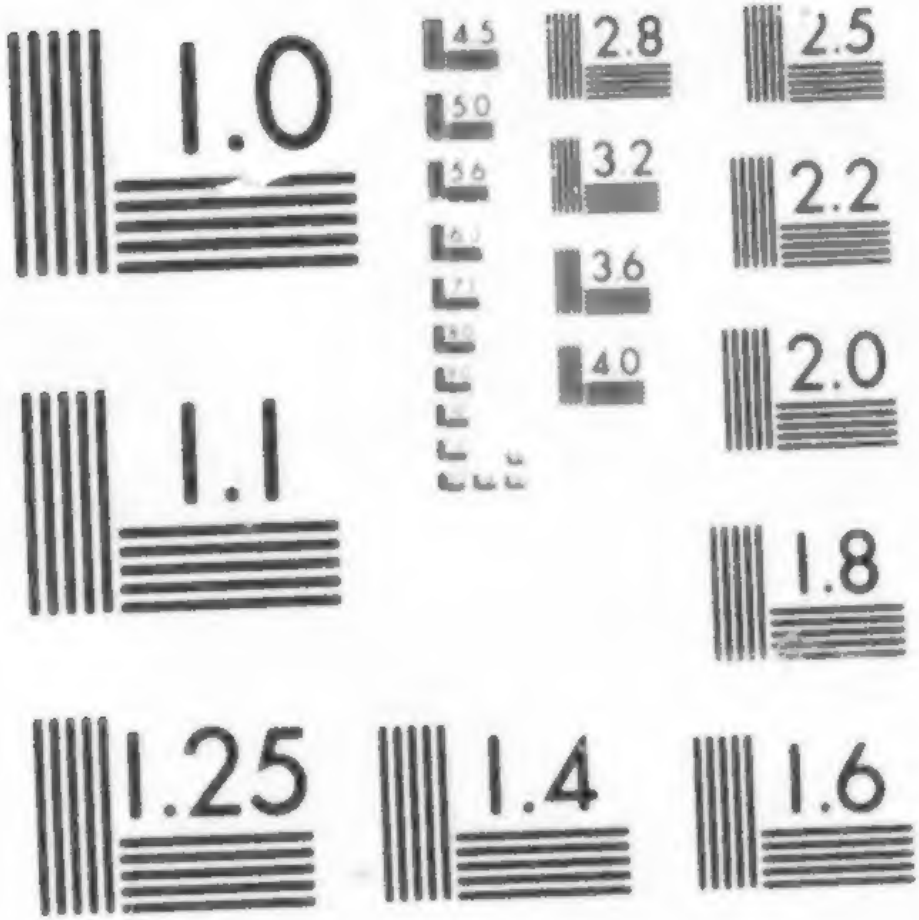
1.14 Serve as an information resource to advocacy groups, civil rights agencies, and others interested in promoting the rights of severely handicapped persons.

1.15 Identify appropriate legal resource persons and provide for the referral of parents to these resources when necessary.

I want a copy of this mailed to me

(circle) Yes No

Should Start By *(check one)*					Is Assistance Needed *(check)*		Nature of Assistance *(check one)*				
Already Begun	3-6 months	18 months	3 years	not relevant	Yes	No	Fiscal	Planning	Training	Other	



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

Name _____

Job Title _____

Agency _____

Desired States and Possible LRC Roles

1.16 Identify and disseminate parent-oriented programming to school personnel and parent organizations.
1.17 Develop and disseminate lists of available local and state agencies providing services for the severely handicapped.
1.18 Conduct workshops for agency personnel and promote other means of publicizing overlaps or gaps in services for the severely handicapped.
1.19 Organize, sponsor, or otherwise promote joint meetings of service agencies to meet the needs of and programs and services for the severely handicapped.
1.20 Develop resource manuals identifying available agencies and services).

2.0 APPRAISAL
2.1 Do needs assessment for appraisal instruments.
2.2 Develop appraisal instrument for severely handicapped.
2.3 Determine personnel needs related to assessment.
2.4 Inservice personnel in use of instruments with severely handicapped.
2.5 Plan long- and short-range training objectives.
2.6 Identify resources available to provide assessment for severely handicapped.

I want a copy of this mailed to me

(circle) Yes No

Should Start By *(check one)*					Is Assistance Needed *(check)*		Nature of Assistance *(check one)*			
Already Begun	3-6 months	18 months	3 years	not relevant	Yes	No	Fiscal	Planning	Training	Other

Name _____

Job Title _____

Agency _____

Desired States and
Possible LRC Roles

2.7 Purchase assessment tools for use in LEAs.
2.8 Disseminate appropriate instruments for assessment of severely handicapped to LRCs.
2.9 Secure support personnel to make Least Restrictive Alternatives available locally.
2.10 Define local criteria for Least Restrictive Alternatives.
2.11 Observe classes—offer suggestions to teachers to make classes less restrictive.
2.12 Establish common vocabulary on what Least Restrictive Environment means.
2.13 Develop a cascade system to include severely handicapped.
2.14 Involve parents in determining what Least Restrictive Environment means.
2.15 Conduct inservice for teachers and administration on Least Restrictive Environment.
2.16 Make administrators aware of facility, materials and personnel needs.

3.0 PROGRAMMING
3.1 Assist in developing a total life program (long-term goals) for the severely handicapped (model for the continuation of services).
3.2 Devolop guidelines for transition in moving from agency to agency.
3.3 Develop a "Direction Services" to coordinate agencies.

I want a copy of this mailed to me
(circle) Yes No

Should Start By *(check one)*					Is Assistance Needed *(check)*		Nature of Assistance *(check one)*			
Already Begun	3-6 months	18 months	3 years	not relevant	Yes	No	Fiscal	Planning	Training	Other

Name _____

Job Title _____

Agency _____

I want a copy of this mailed to me
(circle) Yes No

Desired States and Possible LRC Roles	Should Start By *(check one)*					Is Assistance Needed *(check)*		Nature of Assistance *(check one)*				
	Already Begun	3-6 months	18 months	3 years	not relevant	Yes	No	Fiscal	Planning	Training	Other
3.4 Identify community resources for life planning (long-term goals).											
3.5 Arrange and conduct meetings involving clients (parents) and program decision makers.											
3.6 Increase agency (LRC) involvement in LEA/SEA activities (attend school board meetings, etc.).											
4.0 PERSONNEL SUPPORT											
4.1 Develop training programs for volunteers, including strategies for diminishing undesirable behavior in the handicapped persons they work with.											
4.2 Strengthen a positive attitude toward the handicapped through an awareness campaign for aides and volunteers.											
4.3 Identify models of Individualized Educational Programming for severely handicapped which include actual goals, objectives, strategies, materials and evaluation.											
4.4 Develop program and materials for severely handicapped.											
4.5 Develop ongoing plan to give assistance to teachers in Individualized Educational Programming.											
4.6 Evaluate child learning by change in behavior.											
4.7 Make administrator aware of severely handicapped.											

Name _____

Job Title _____

Agency _____

I want a copy of this mailed to me
(circle) Yes No

Desired States and Possible LRC Roles	Should Start By *(check one)*						Is Assistance Needed *(check)*		Nature of Assistance *(check one)*				
	Already Begun	3-6 months	18 months	3 years	not relevant		Yes	No	Fiscal	Planning	Training	Other	
4.8 Train nurses and health aides to work with severely handicapped.													
4.9 Obtain annotations of appropriate teacher training programs and packages, and disseminate to training personnel.													
4.10 Offer or sponsor inservice programs for regular and special education personnel in working with the severely handicapped.													
4.11 Ask teachers how they want to be inserviced (e.g., workshops, visitations, etc.).													
4.12 Offer university credit for teachers (regular and special education).													
4.13 Determine target population in need of intensive inservice programs.													
4.14 Determine number of parents that need training.													
4.15 Solicit cooperation of administrator and teacher to coordinate parent training.													
4.16 Determine what programs to use and identify personnel available to do training.													
4.17 Conduct training and provide resources to parents.													
4.18 Conduct public awareness about parent training and follow-up.													
4.19 Sponsor courses to train teachers to train parents.													

Name _____

Job Title _____

Agency _____

I want a copy of this mailed to me
(circle) Yes No

Desired States and Possible LRC Roles	Should Start By *(check one)*					Is Assistance Needed *(check)*		Nature of Assistance *(check one)*				
	Already Begun	3-6 months	18 months	3 years	not relevant	Yes	No	Fiscal	Planning	Training	Other
4.20 Document and disseminate best practices for parent involvement.											
4.21 Make teachers aware of how parents can be involved in teaching strategies.											
4.22 Collect information on the need for teachers and present need for program to the universities/colleges.											
4.23 Develop model certification programs.											
4.24 Identify needs and competencies necessary for serving local severely handicapped population.											
4.25 Locate people who are qualified trainers to train local personnel to meet needs and achieve competencies.											
4.26 Train a teacher in a model classroom. Concurrently, use the model classroom teacher trainer to assist in setting up the beginning instructional process in the classroom of the teacher being trained.											
4.27 Coordinate reciprocal exchange program with other teachers to become familiar with other techniques.											
4.28 Offer stipends for teachers to receive training.											

Name _____

Job Title _____

Agency _____

I want a copy of this mailed to me *(circle)* Yes No

Desired States and Possible LRC Roles	Should Start By *(check one)*						Is Assistance Needed *(check)*		Nature of Assistance *(check one)*				
	Already Begun	3-6 months	18 months	3 years	not relevant		Yes	No	Fiscal	Planning	Training	Other	
5.0 FACILITIES/EQUIPMENT/MATERIALS SUPPORT SYSTEM													
5.1 Develop on-going newsletter to disseminate information on materials and equipment for severely handicapped.													
5.2 Establish/maintain contact with NIMIS to access updated information.													
5.3 Provide monitoring/evaluation on new materials.													
5.4 LRCs can be instrumental in establishing statewide directors contacts for materials development and updating.													
5.5 Conduct feasibility studies in order to make changes in specific geographic areas.													
5.6 LRC develop and provide a list of consultants on the subject who can provide consultation on district/community planning.													
5.7 Demonstrate new and innovative programs to pre- and inservice teachers.													
5.8 Implement a communication system identifying available resources.													
5.9 Identify human resources available for technical assistance.													
5.10 Provide follow-up to technical assistance.													
5.11 Obtain and disseminate abstracts of Federal/State experimental programs.													

Name _____

Job Title _____

Agency _____

I want a copy of this mailed to me
(circle) Yes No

Desired States and Possible LRC Roles	Should Start By *(check one)*						Is Assistance Needed *(check)*		Nature of Assistance *(check one)*				
	Already Begun	3-6 months	18 months	3 years	not relevant		Yes	No	Fiscal	Planning	Training	Other	
5.12 Lobby for development of good National Agency service directory.													
5.13 Update service directories.													
5.14 Provide professional library for teachers and parents.													
5.15 Provide materials and training in how to use library.													
5.16 Use radio programs to make people aware of what is available.													
6.0 RESOURCES ACQUISITION AND UTILIZATION													
6.1 Develop inter-agency referral guidelines.													
6.2 Act as referral agency (e.g., legal responsibilities and rights, social services, etc.).													
6.3 Conduct survey of service area, to prioritize service needs.													
6.4 Lobby to obtain state funding.													
6.5 Share existing educational cost effective models.													
6.6 Disseminate information on legislative action and court cases.													
6.7 Develop community resources if not currently existing (Direction Service concept).													
6.8 Articulate the role and relationships of the various agencies in a given service area and develop necessary resources and directories for those in need of services.													

Appendix D
Conference Evaluation

Third Annual Northwest Learning Resource System Conference: Evaluation

Introduction

The NWLRS conducted its Third Annual Conference in Seattle during the week of December 6-10, 1976. The conference addressed current trends in services for the severely handicapped, in attempts to meet three goals:

1) To build awareness about the severely handicapped.
2) To address the question of LRC role definition relating to severely handicapped.
3) To increase the skills of LRC personnel in either working directly with the severely handicapped or with programs for the severely handicapped.

The conference was divided into three topical areas: legal considerations and advocacy; appraisal, programming and instructional materials; and training and technical assistance. Participants represented State Departments of Special Education, regional and intermediate LRC staffs, university staff members and local special educators.

A Pre-Conference Objectives form was distributed with registration packets. Participants were asked to note their objectives in attending the conference, and to rank their top three objectives. Approximately one month after the conference was completed, a comprehensive evaluation questionnaire was distributed to all official participants (N=106). This questionnaire included sections on the major addresses, a need assessment activity, concurrent sessions, miscellaneous activities (state meetings, vendor displays, multi-media presentations, resource guide) and the overall conference. Distribution of the evaluation instrument to all participants marked a change from former evaluations, which were administered to a random sample of participants. The savings in time and money involved in using a subset of participants were not deemed large enough to offset the greater validity guaranteed by obtaining a census opinion. 106 questionnaires were sent out; 60 were returned from the various states as follows.

Alaska	8
American Samoa	2
Guam	1
Idaho	4
Montana	5
Oregon	15
Trust Territory	2
Washington	6
Wyoming	7
Unidentified	10

Participants

The first section of the instrument involved identification of participant roles. The results were:

SEA staff members	4	LRC directors	18
University faculty	3	LRC specialists	4
Special education administrators	15	Librarians	2
Special education teachers	3	Others	10

The Conference is designed to address the interests and needs of LRC staff. Approximately one half of the participants were non-LRC educators. Interpretation of the evaluation results must include consideration of this fact.

Major Addresses

The next section of the evaluation concerned the major addresses. 52 of the 60 respondents attended at least one of the five major addresses. Ratings of the utility of the addresses were as follows (1=high, 5=low):

1) Severely Handicapped (N=53) $\bar{x}=1.9$
2) Legal Considerations (N=58) $\bar{x}=1.9$
3) LRCs as Advocates (N=49) $\bar{x}=2.7$
4) Appraisal/Programming/Instructional Materials (N=42) $\bar{x}=1.9$

29 of the respondents suggested change in the major addresses. Some of the suggestions were that tapes of sessions be available, structured question and answer times be included, non-NWLRS staff be employed as speakers, and more innovative topics be addressed. 26 of the respondents also suggested topics for future conferences. Some of these topics were: IEP, Inservice Training, Infant Intervention, Materials Evaluation, State and LRC Networks, Direction Service, and Teacher Training programs.

In general, most participants found the major addresses quite worthwhile. Several noted that time shortage and equipment problems detracted from speech presentations. A number of participants also noted that scheduling addresses at the start of the day was very useful.

Needs Assessment

The next section of the questionnaire concerned the needs assessment activity. 49 of the respondents participated in this activity. 37 of these indicated they found the activity useful; 41 said they would participate in such an activity in future conferences. This activity was an innovation to the Conference, designed to generate activities necessary to LRC operation, and some plan for implementation of these activities. The activity is reported more fully within the Proceedings Document.

Other Activities

Miscellaneous activities were also evaluated.

Displays: 40 participants stated they had viewed vendor displays. Of these, 28 found the displays useful, and 9 did not find them useful.

Multi-Media Presentations: There were five multi-media presentations offered during the conference. The mean rating was 2.08. Although requests for visual displays and materials were plentiful after the Second Annual Conference, both the sparse attendance and the mediocre ratings suggest deemphasis or omission of these segments from future conferences.

State Meetings: 44 respondents attended meetings of participants from their states. 35 of these 44 found the meeings useful. 12 respondents also suggested changes for future conferences. It was suggested that meetings be held earlier in the week, and that the format of these meetings be much more specific. The distribution of materials prior to the conference was suggested as a strategy to ensure fruitful discussion.

Resource Guide: 49 of the 60 respondents found the resource guide a useful addition to the conference agenda. Only three did not find the guide useful. It would seem very worthwhile, therefore, to expand and refine this section for future conferences.

Concurrent Sessions

The next section of the questionnaire concerned the concurrent sessions. This year almost all of the sessions were offered twice, to allow participants to attend all desired sessions. Participants were asked whether this had been a useful change; 53 of 60 answered affirmatively. In evaluating the quality of these sessions, ratings from both presentations were consolidated.

Overall means were computed for the four major questions:

1) How useful was this session to you? $\bar{x}=1.98$
2) The presenter's expertise was: $\bar{x}=1.42$
3) How new was the information presented? $\bar{x}=2.41$
4) Rate the overall quality of the session. $\bar{x}=2.03$

There were written comments on many of the sessions. Several which recurred were: 1) the need for structured question and answer sessions and 2) the desire for more practical, skill-oriented sessions and a decrease in theoretically based sessions. Participants were also asked if they anticipated making changes in their agencies as a result of session presentation; 70 of 135 responses were affirmative. Types of assistance requested were: information (17), training (3), media and materials (4), planning and evaluation (3) appraisal and programming (1), and multiple requests (27).

Conference Objectives

The next section of the questionnaire addressed the degree to which conference objectives were met. Table 2 (following) displays these results. Column 1 contains the objective statement, Column 2 the number of participants who endorsed the objective, Columns 3, 4, 5 the first, second and third place priorities, and Column 6 the degree to which the objective was met by the conference.

The three most endorsed objectives were numbers ten, nine and seven—acquiring resources, increasing planning skills, and gaining information on activities of other professionals. In general, the objectives were partially, but not fully, met. Curiously, the objectives stated by the conference planners were not deemed particularly significant by participants. In planning future conferences, predetermination of participants' objectives might be a useful strategy.

TABLE 2

Objective	Number Endorsed by	Ranks 1	2	3	How Well Met
1. No preconceived objectives.	4				1.0
2. Define "severely handicapped."	18	1	2	1	1.77
3. Learn services appropriate for the severely handicapped	27	2	4	3	1.96
4. Identified needs of the severely handicapped.	18	2	1	3	2.37
5. Identify strategies to meet identified needs.	37	2	8	11	2.61
6. Clarify personal role in meeting needs of the severely handicapped.	22	4	3	5	2.21
7. Gain information on activities of other professionals in working with the severely handicapped.	41	5	5	11	2.25
8. Increase own skills in working directly with the severely handicapped.	15	3	1	1	2.67
9. Increase planning skills in implementing programs for the severely handicapped.	43	9	12	7	2.52
10. Acquire resources and information necessary to provide services for the severely handicapped.	52	18	12	7	2.04

Overall Conference

The final group of questions addressed overall conference assessment. Each segment of the conference was evaluated, and a count of appropriateness of each segment for inclusion in future conferences was also obtained. These results follow:

Component	Rating	Future Conferences (of 60)
Pre-Conference Information	2.07	32
Major Addresses	1.74	28
Concurrent Sessions	1.67	34
Needs Assessment	2.46	18
State Meetings	2.63	23
Materials/Media Displays	2.64	24
Resource Guide	1.61	30
General: Useful	1.86	
Organization	1.40	
Relevant	2.05	
Interesting	1.86	
Format	1.02	

35 participants suggested changes for next year's conference and/or made other comments on the overall conference. Some of these suggestions follow:

Topics
Communication systems for the severely handicapped
Education of gifted children
Additional aspects of PL 94-142

General Comments
State-specific service differences should be presented.
Some sessions appropriate mainly for administrators should be scheduled.
Rap sessions would be helpful.
Presenters should submit papers prior to the conference.
Conduct panel discussions on major issues.
Have handicapped people make presentations.
Improve the quality of materials displays.
Use more input from direct service providers.
Prioritizing pre-conference objective was a helpful task.
Schedule additional time for noteworthy presenters.

Overall, there were many very positive comments offered. More than half of the respondents praised the content, organization, etc., and noted that they had learned a great deal (perhaps the ultimate objecive of any conference).

END

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